

|                            |       |                                     |               |                              |                        | AID CODE 10      |                      | ----- MONTHLY AVERAGE ----- |  |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|-----------------------------|--|
| 1,134 ELIGIBLES            | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |                             |  |
| @TOTAL, ALL PROVIDERS      | 902   | 8,452                               | \$ 350,022.54 | \$ 41.41                     | 7.453                  | \$ 388.05        | \$ 308.66            |                             |  |
| @PHYSICIANS SERVICES       | 202   | 555                                 | \$ 5,483.19   | \$ 9.88                      | .489                   | \$ 27.14         | \$ 4.84              |                             |  |
| OUTPATIENT VISITS          | 1     | 2                                   | 48.00         | 24.00                        | .002                   | 48.00            | .04                  |                             |  |
| OFFICE VISITS              | 1     | 2                                   | 48.00         | 24.00                        | .002                   | 48.00            | .04                  |                             |  |
| HOME VISITS                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| EMERGENCY ROOM             | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| PREVENTIVE CARE            | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| INPATIENT VISITS           | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| HOSPITAL VISITS            | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| CRITICAL CARE              | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| EXAMINATIONS               | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| DIALYSIS                   | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| PATHOLOGY                  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| RADIOLOGY                  | 2     | 2                                   | 31.16         | 15.58                        | .002                   | 15.58            | .03                  |                             |  |
| PSYCHIATRY                 | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| OTHER SERVICES/ALL X-OVERS | 199   | 551                                 | 5,404.03      | 9.81                         | .486                   | 27.16            | 4.77                 |                             |  |
| @PHARMACY                  | 770   | 3,078                               | \$ 167,437.49 | \$ 54.40                     | 2.714                  | \$ 217.45        | \$ 147.65            |                             |  |
| PRESCRIPTION DRUGS         | 766   | 2,854                               | 164,429.63    | 57.61                        | 2.517                  | 214.66           | 145.00               |                             |  |
| SNF/ICF                    | 27    | 220                                 | 8,922.24      | 40.56                        | .194                   | 330.45           | 7.87                 |                             |  |
| OUTPATIENTS                | 741   | 2,634                               | 155,507.39    | 59.04                        | 2.323                  | 209.86           | 137.13               |                             |  |
| MEDICAL SUPPLIES           | 50    | 224                                 | 3,007.86      | 13.43                        | .198                   | 60.16            | 2.65                 |                             |  |
| @DENTIST                   | 47    | 142                                 | \$ 10,336.00  | \$ 72.79                     | .125                   | \$ 219.91        | \$ 9.11              |                             |  |
| VISITS - DIAGNOSTIC        | 26    | 86                                  | 1,269.00      | 14.76                        | .076                   | 48.81            | 1.12                 |                             |  |
| ORAL SURGERY               | 8     | 13                                  | 945.00        | 72.69                        | .011                   | 118.13           | .83                  |                             |  |
| DRUGS                      | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| ANESTHESIA                 | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| PERIODONTICS               | 1     | 1                                   | 200.00        | 200.00                       | .001                   | 200.00           | .18                  |                             |  |
| ENDODONTICS                | 3     | 3                                   | 690.00        | 230.00                       | .003                   | 230.00           | .61                  |                             |  |
| RESTORATIVE DENTISTRY      | 11    | 22                                  | 2,362.00      | 107.36                       | .019                   | 214.73           | 2.08                 |                             |  |
| PROSTHETICS                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| DENTURES, STAYPLATES       | 10    | 16                                  | 4,870.00      | 304.38                       | .014                   | 487.00           | 4.29                 |                             |  |
| SPACE MAINTAINERS          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| MAXILLOFACIAL SERVICES     | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| FRACTURES, DISLOCATIONS    | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| ORTHODONTIC SERVICES       | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |                             |  |
| ALL OTHER SERVICES         | 1     | 1                                   | .00           | .00                          | .001                   | .00              | .00                  |                             |  |

| 1,134 ELIGIBLES              |       | AID CODE 10                         |              | ----- MONTHLY AVERAGE -----  |                        |                  |                      |  |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|--|
|                              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @OPTOMETRIST                 | 63    | 126                                 | \$ 2,887.28  | \$ 22.91                     | .111                   | \$ 45.83         | \$ 2.55              |  |
| DIAGNOSTIC AND ANC. PROCED   | 26    | 26                                  | 354.24       | 13.62                        | .023                   | 13.62            | .31                  |  |
| EYE APPLIANCES               | 30    | 81                                  | 2,104.80     | 25.99                        | .071                   | 70.16            | 1.86                 |  |
| OTHER OPTOMETRIC SERVICES    | 14    | 19                                  | 428.24       | 22.54                        | .017                   | 30.59            | .38                  |  |
| @CHIROPRACTOR                | 5     | 7                                   | \$ 94.30     | \$ 13.47                     | .006                   | \$ 18.86         | \$ .08               |  |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| OTHER SERVICES               | 5     | 7                                   | 94.30        | 13.47                        | .006                   | 18.86            | .08                  |  |
| @PODIATRIST                  | 32    | 44                                  | \$ 685.09    | \$ 15.57                     | .039                   | \$ 21.41         | \$ .60               |  |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| OTHER                        | 32    | 44                                  | 685.09       | 15.57                        | .039                   | 21.41            | .60                  |  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| NURSE ANESTHESIST            | 1     | 1                                   | \$ 22.30     | \$ 22.30                     | .001                   | \$ 22.30         | \$ .02               |  |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| @TOTAL HOSPITAL              | 47    | 146                                 | \$ 28,970.86 | \$ 198.43                    | .129                   | \$ 616.40        | \$ 25.55             |  |
| HOSP INPATIENT TOTAL         | 17    | 67                                  | 26,843.35    | 400.65                       | .059                   | 1579.02          | 23.67                |  |
| HSC HOSPITALS                | 3     | 23                                  | 15,776.71    | 685.94                       | .020                   | 5258.90          | 13.91                |  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | 406.24       | .00                          | .000                   | .00              | .36                  |  |
| ACCOMMODATIONS               | 0     | 0                                   | 406.12       | .00                          | .000                   | .00              | .36                  |  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | 3.66         | .00                          | .000                   | .00              | .00                  |  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | 402.46       | .00                          | .000                   | .00              | .35                  |  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| ANCILLARIES                  | 0     | 0                                   | .12          | .00                          | .000                   | .00              | .00                  |  |
| INPATIENT CROSSOVERS         | 14    | 44                                  | 10,660.14    | 242.28                       | .039                   | 761.44           | 9.40                 |  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .26          | .00                          | .000                   | .00              | .00                  |  |
| HOSP OUTPATIENT TOTAL        | 31    | 79                                  | 2,127.51     | 26.93                        | .070                   | 68.63            | 1.88                 |  |
| MEDICAL                      | 0     | 0                                   | 50.90        | .00                          | .000                   | .00              | .04                  |  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| RADIOLOGY                    | 1     | 1                                   | 49.97        | 49.97                        | .001                   | 49.97            | .04                  |  |
| ROOM USE                     | 1     | 2                                   | 56.00        | 28.00                        | .002                   | 56.00            | .05                  |  |
| CROSSOVERS/ALL OTH OUTPTNT   | 29    | 76                                  | 1,970.64     | 25.93                        | .067                   | 67.95            | 1.74                 |  |
| @COUNTY HOSPITAL TOTAL       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| CO HOSP OUTPATIENT TOTAL     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |

|                              |   |                                     |              |                              |                             |                  |                      |
|------------------------------|---|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| RADIOLOGY                    | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ROOM USE                     | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                                     |              |                              |                             |                  | PAGE 611             |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |                                     |              |                              |                             |                  | 01/17/03             |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR CASH GRANT - AGED   |                                     |              |                              |                             |                  | AID CODE 10          |
|                              |   |                                     |              |                              | ----- MONTHLY AVERAGE ----- |                  |                      |
| 1,134 ELIGIBLES              | USERS   | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL    | 47  | 146                                 | \$ 28,970.86 | \$ 198.43                    | .129                        | \$ 616.40        | \$ 25.55             |
| COMM HOSP INPATIENT TOTAL    | 17  | 67                                  | 26,843.35    | 400.65                       | .059                        | 1579.02          | 23.67                |
| HSC HOSPITALS                | 3   | 23                                  | 15,776.71    | 685.94                       | .020                        | 5258.90          | 13.91                |
| NON-HSC HOSPITALS TOTAL      | 0   | 0                                   | 406.24       | .00                          | .000                        | .00              | .36                  |
| ACCOMMODATIONS               | 0   | 0                                   | 406.12       | .00                          | .000                        | .00              | .36                  |
| ADMINISTRATIVE DAYS          | 0   | 0                                   | 3.66         | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0   | 0                                   | 402.46       | .00                          | .000                        | .00              | .35                  |
| ALL OTHER ACCOM              | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANCILLARIES                  | 0   | 0                                   | .12          | .00                          | .000                        | .00              | .00                  |
| INPATIENT CROSSOVERS         | 14  | 44                                  | 10,660.14    | 242.28                       | .039                        | 761.44           | 9.40                 |
| ALL OTHER INPATIENT          | 0   | 0                                   | .26          | .00                          | .000                        | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 31  | 79                                  | 2,127.51     | 26.93                        | .070                        | 68.63            | 1.88                 |
| MEDICAL                      | 0   | 0                                   | 50.90        | .00                          | .000                        | .00              | .04                  |
| SURGERY                      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                    | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| RADIOLOGY                    | 1   | 1                                   | 49.97        | 49.97                        | .001                        | 49.97            | .04                  |
| ROOM USE                     | 1   | 2                                   | 56.00        | 28.00                        | .002                        | 56.00            | .05                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 29  | 76                                  | 1,970.64     | 25.93                        | .067                        | 67.95            | 1.74                 |
| @STATE HOSPITAL              | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| MENTALLY ILL                 | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| DEVELOP. DISABLED            | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @NURSING FACILITY            | 30  | 603                                 | \$ 80,885.50 | \$ 134.14                    | .532                        | \$ 2696.18       | \$ 71.33             |
| LEV A-INTERMEDIATE           | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-REHAB MD               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-REGULAR                | 30  | 603                                 | 80,885.50    | 134.14                       | .532                        | 2696.18          | 71.33                |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ICF DDH                      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ICF DD                       | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ICF DDN/DDCN                 | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HOSPITAL BASED               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HEMODIALYSIS CENTER          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @REHABILITATION FACILITY     | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HOSPITAL BASED               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INDEPENDENT FACILITY         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @LABORATORY FACILITY         | 3   | 3                                   | \$ 28.64     | \$ 9.55                      | .003                        | \$ 9.55          | \$ .03               |
| PATHOLOGY                    | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| XO AND OTHERS                | 3   | 3                                   | 28.64        | 9.55                         | .003                        | 9.55             | .03                  |
| @ORGANIZED OUTPATIENT CLINIC | 112   | 175                                 | \$ 5,719.88  | \$ 32.69                     | .154                        | \$ 51.07         | \$ 5.04              |
| CLINIC                       | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SURGICENTER                  | 1   | 1                                   | 187.92       | 187.92                       | .001                        | 187.92           | .17                  |
| HEROIN DETOX CLINIC          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| RURAL HEALTH CLINIC          | 112   | 174                                 | 5,531.96     | 31.79                        | .153                        | 49.39            | 4.88                 |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                                     |              |                              |                             |                  | PAGE 612             |

| 1,134 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS           | 239   | 3,572                               | \$ 47,472.01 | \$ 13.29                     | 3.150                  | \$ 198.63        | \$ 41.86             |
| DURABLE MED. EQUIP.            | 11    | 15                                  | 992.81       | 66.19                        | .013                   | 90.26            | .88                  |
| BLOOD BANK                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS         | 7     | 14                                  | 3,905.82     | 278.99                       | .012                   | 557.97           | 3.44                 |
| MEDICAL TRANSPORTATION         | 23    | 343                                 | 1,691.77     | 4.93                         | .302                   | 73.56            | 1.49                 |
| AMBULANCES/AIR TRANS           | 1     | 12                                  | 249.82       | 20.82                        | .011                   | 249.82           | .22                  |
| OTHER TRANS                    | 3     | 29                                  | 130.01       | 4.48                         | .026                   | 43.34            | .11                  |
| OTHER SERVICES                 | 20    | 302                                 | 1,311.94     | 4.34                         | .266                   | 65.60            | 1.16                 |
| ACUPUNCTURE                    | 11    | 46                                  | 789.36       | 17.16                        | .041                   | 71.76            | .70                  |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 77    | 288                                 | 23,176.38    | 80.47                        | .254                   | 300.99           | 20.44                |
| OCCUPATIONAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                       | 28    | 68                                  | 803.08       | 11.81                        | .060                   | 28.68            | .71                  |
| PHYSICAL THERAPIST             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS         | 3     | 10                                  | 371.30       | 37.13                        | .009                   | 123.77           | .33                  |
| PROSTHETICS                    | 3     | 10                                  | 371.30       | 37.13                        | .009                   | 123.77           | .33                  |
| ORTHOTICS                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHOLOGIST                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY           | 2     | 3                                   | 1,377.97     | 459.32                       | .003                   | 688.99           | 1.22                 |
| HOSPICE SERVICES               | 3     | 35                                  | 3,973.86     | 113.54                       | .031                   | 1324.62          | 3.50                 |
| NONINST BIRTHING CENTERS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER PROVIDERS            | 120   | 2,750                               | 10,389.66    | 3.78                         | 2.425                  | 86.58            | 9.16                 |
| @CALIF. CHILDREN SERVICES*     | 1     | 2                                   | \$ 149.92    | \$ 74.96                     | .002                   | \$ 149.92        | \$ .13               |
| @XOVER EXCLUDING STATE HOSP**  | 358   | 1,434                               | \$ 42,895.62 | \$ 29.91                     | 1.265                  | \$ 119.82        | \$ 37.83             |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 613

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

AMADOR COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

| 75 ELIGIBLES          | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 72    | 16,127                              | \$ 67,366.28 | \$ 4.18                      | 215.027                | \$ 935.64        | \$ 898.22            |
| @PHYSICIANS SERVICES  | 32    | 192                                 | \$ 6,901.03  | \$ 35.94                     | 2.560                  | \$ 215.66        | \$ 92.01             |
| OUTPATIENT VISITS     | 8     | 9                                   | 439.73       | 48.86                        | .120                   | 54.97            | 5.86                 |
| OFFICE VISITS         | 8     | 8                                   | 344.25       | 43.03                        | .107                   | 43.03            | 4.59                 |
| HOME VISITS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM        | 1     | 1                                   | 95.48        | 95.48                        | .013                   | 95.48            | 1.27                 |
| PREVENTIVE CARE       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS      | 4     | 41                                  | 2,955.34     | 72.08                        | .547                   | 738.84           | 39.40                |
| HOSPITAL VISITS       | 4     | 36                                  | 1,936.16     | 53.78                        | .480                   | 484.04           | 25.82                |
| CRITICAL CARE         | 1     | 5                                   | 1,019.18     | 203.84                       | .067                   | 1019.18          | 13.59                |

|                            |    |       |    |           |           |        |           |           |
|----------------------------|----|-------|----|-----------|-----------|--------|-----------|-----------|
| SNF/ICF/TRANS IP CARE      | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| OPHTHALMOLOGICAL SERVICES  | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| EXAMINATIONS               | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| SERVICES AND MATERIALS     | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| INPATIENT HOSPITAL SURGERY | 5  | 25    |    | 2,356.51  | 94.26     | .333   | 471.30    | 31.42     |
| PRINCIPAL SURGEON          | 2  | 4     |    | 1,819.08  | 454.77    | .053   | 909.54    | 24.25     |
| ASSISTANT SURGEON          | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| ANESTHESIOLOGIST           | 3  | 21    |    | 537.43    | 25.59     | .280   | 179.14    | 7.17      |
| OUTPATIENT SURGERY         | 1  | 1     |    | 44.68     | 44.68     | .013   | 44.68     | .60       |
| PRINCIPAL SURGEON          | 1  | 1     |    | 44.68     | 44.68     | .013   | 44.68     | .60       |
| ASSISTANT SURGEON          | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| ANESTHESIOLOGIST           | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| DIALYSIS                   | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| PATHOLOGY                  | 2  | 7     |    | 236.93    | 33.85     | .093   | 118.47    | 3.16      |
| RADIOLOGY                  | 4  | 9     |    | 259.90    | 28.88     | .120   | 64.98     | 3.47      |
| PSYCHIATRY                 | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| IMMUNIZATION AND INJECTION | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| OTHER SERVICES/ALL X-OVERS | 21 | 100   |    | 607.94    | 6.08      | 1.333  | 28.95     | 8.11      |
| @PHARMACY                  | 58 | 2,195 | \$ | 14,627.62 | \$ 6.66   | 29.267 | \$ 252.20 | \$ 195.03 |
| PRESCRIPTION DRUGS         | 57 | 250   |    | 13,391.19 | 53.56     | 3.333  | 234.93    | 178.55    |
| SNF/ICF                    | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| OUTPATIENTS                | 57 | 250   |    | 13,391.19 | 53.56     | 3.333  | 234.93    | 178.55    |
| MEDICAL SUPPLIES           | 5  | 1,945 |    | 1,236.43  | .64       | 25.933 | 247.29    | 16.49     |
| @DENTIST                   | 2  | 3     | \$ | 915.00    | \$ 305.00 | .040   | \$ 457.50 | \$ 12.20  |
| VISITS - DIAGNOSTIC        | 1  | 1     |    | 15.00     | 15.00     | .013   | 15.00     | .20       |
| ORAL SURGERY               | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| DRUGS                      | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| ANESTHESIA                 | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| PERIODONTICS               | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| ENDODONTICS                | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| RESTORATIVE DENTISTRY      | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |
| PROSTHETICS                | 0  | 0     |    | .00       | .00       | .000   | .00       | .00       |

|                              |   |                                     |              |                              |                             |                  |                      |
|------------------------------|---|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| DENTURES, STAYPLATES         | 1   | 2                                   | 900.00       | 450.00                       | .027                        | 900.00           | 12.00                |
| SPACE MAINTAINERS            | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| MAXILLOFACIAL SERVICES       | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| FRACTURES, DISLOCATIONS      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ORTHODONTIC SERVICES         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER SERVICES           | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                                     |              |                              |                             | PAGE             | 614                  |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |                                     |              |                              |                             |                  | 01/17/03             |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR CASH GRANT - BLIND  |                                     |              |                              |                             | AID CODE 20      |                      |
|                              |   |                                     |              |                              | ----- MONTHLY AVERAGE ----- |                  |                      |
| 75 ELIGIBLES                 | USERS   | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 3   | 8 \$                                | 728.41       | \$ 91.05                     | .107                        | \$ 242.80        | \$ 9.71              |
| DIAGNOSTIC AND ANC. PROCED   | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| EYE APPLIANCES               | 3   | 8                                   | 728.41       | 91.05                        | .107                        | 242.80           | 9.71                 |
| OTHER OPTOMETRIC SERVICES    | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @CHIROPRACTOR                | 0   | 0 \$                                | .00          | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| VISITS                       | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER SERVICES               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @PODIATRIST                  | 0   | 0 \$                                | .00          | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SURGERY/ANES.                | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| RADIO./PATHOLOGY             | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER                        | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @HOME HEALTH AGENCY          | 1   | 5 \$                                | 374.30       | \$ 74.86                     | .067                        | \$ 374.30        | \$ 4.99              |
| NURSE ANESTHESIST            | 0   | 0 \$                                | .00          | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0   | 0 \$                                | .00          | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0   | 0 \$                                | .00          | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0   | 0 \$                                | .00          | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 14  | 55 \$                               | 25,345.57    | \$ 460.83                    | .733                        | \$ 1810.40       | \$ 337.94            |
| HOSP INPATIENT TOTAL         | 2   | 21                                  | 23,940.00    | 1140.00                      | .280                        | 11970.00         | 319.20               |
| HSC HOSPITALS                | 2   | 21                                  | 23,940.00    | 1140.00                      | .280                        | 11970.00         | 319.20               |
| NON-HSC HOSPITAL TOTAL       | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ACCOMMODATIONS               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER ACCOM              | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANCILLARIES                  | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER INPATIENT          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 14  | 34                                  | 1,405.57     | 41.34                        | .453                        | 100.40           | 18.74                |
| MEDICAL                      | 6   | 6                                   | 463.25       | 77.21                        | .080                        | 77.21            | 6.18                 |
| SURGERY                      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                    | 4   | 9                                   | 141.92       | 15.77                        | .120                        | 35.48            | 1.89                 |
| RADIOLOGY                    | 3   | 4                                   | 258.51       | 64.63                        | .053                        | 86.17            | 3.45                 |
| ROOM USE                     | 4   | 4                                   | 188.45       | 47.11                        | .053                        | 47.11            | 2.51                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 8   | 11                                  | 353.44       | 32.13                        | .147                        | 44.18            | 4.71                 |
| @COUNTY HOSPITAL TOTAL       | 0   | 0 \$                                | .00          | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| CO HOSPITAL INPATIENT TOTAL  | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HSC HOSPITALS                | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ACCOMMODATIONS               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER ACCOM              | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANCILLARIES                  | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |

|                            |   |   |     |     |      |     |     |
|----------------------------|---|---|-----|-----|------|-----|-----|
| INPATIENT CROSSOVERS       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT        | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE                   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 615  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

| 75 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL    | 14    | 55                                  | \$ 25,345.57 | \$ 460.83                    | .733                   | \$ 1810.40       | \$ 337.94            |
| COMM HOSP INPATIENT TOTAL    | 2     | 21                                  | 23,940.00    | 1140.00                      | .280                   | 11970.00         | 319.20               |
| HSC HOSPITALS                | 2     | 21                                  | 23,940.00    | 1140.00                      | .280                   | 11970.00         | 319.20               |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 14    | 34                                  | 1,405.57     | 41.34                        | .453                   | 100.40           | 18.74                |
| MEDICAL                      | 6     | 6                                   | 463.25       | 77.21                        | .080                   | 77.21            | 6.18                 |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 4     | 9                                   | 141.92       | 15.77                        | .120                   | 35.48            | 1.89                 |
| RADIOLOGY                    | 3     | 4                                   | 258.51       | 64.63                        | .053                   | 86.17            | 3.45                 |
| ROOM USE                     | 4     | 4                                   | 188.45       | 47.11                        | .053                   | 47.11            | 2.51                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 8     | 11                                  | 353.44       | 32.13                        | .147                   | 44.18            | 4.71                 |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| ICF DDH                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DD                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DDN/DDCN                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 3     | 11                                  | \$ 2,775.61  | \$ 252.33                    | .147                   | \$ 925.20        | \$ 37.01             |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEMODIALYSIS CENTER          | 3     | 11                                  | 2,775.61     | 252.33                       | .147                   | 925.20           | 37.01                |
| @REHABILITATION FACILITY     | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INDEPENDENT FACILITY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @LABORATORY FACILITY         | 1     | 1                                   | \$ 10.11     | \$ 10.11                     | .013                   | \$ 10.11         | \$ .13               |
| PATHOLOGY                    | 1     | 1                                   | 10.11        | 10.11                        | .013                   | 10.11            | .13                  |
| XO AND OTHERS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |    |    |    |        |    |       |      |    |       |    |       |
|------------------------------|----|----|----|--------|----|-------|------|----|-------|----|-------|
| @ORGANIZED OUTPATIENT CLINIC | 15 | 27 | \$ | 881.00 | \$ | 32.63 | .360 | \$ | 58.73 | \$ | 11.75 |
| CLINIC                       | 0  | 0  |    | .00    |    | .00   | .000 |    | .00   |    | .00   |
| SURGICENTER                  | 0  | 0  |    | .00    |    | .00   | .000 |    | .00   |    | .00   |
| HEROIN DETOX CLINIC          | 0  | 0  |    | .00    |    | .00   | .000 |    | .00   |    | .00   |
| RURAL HEALTH CLINIC          | 15 | 27 |    | 881.00 |    | 32.63 | .360 |    | 58.73 |    | 11.75 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      616  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

| 75 ELIGIBLES                  | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS          | 35    | 13,630                              | \$ 14,807.63 | \$ 1.09                      | 181.733                                | \$ 423.08        | \$ 197.44            |
| DURABLE MED. EQUIP.           | 4     | 7                                   | 1,538.07     | 219.72                       | .093                                   | 384.52           | 20.51                |
| BLOOD BANK                    | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| HEARING AID DISPENSERS        | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| MEDICAL TRANSPORTATION        | 12    | 4,830                               | 8,503.87     | 1.76                         | 64.400                                 | 708.66           | 113.38               |
| AMBULANCES/AIR TRANS          | 1     | 46                                  | 277.95       | 6.04                         | .613                                   | 277.95           | 3.71                 |
| OTHER TRANS                   | 5     | 4,618                               | 7,671.10     | 1.66                         | 61.573                                 | 1534.22          | 102.28               |
| OTHER SERVICES                | 8     | 166                                 | 554.82       | 3.34                         | 2.213                                  | 69.35            | 7.40                 |
| ACUPUNCTURE                   | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| GENETIC DISEASE TESTING       | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OPTICIAN                      | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PHYSICAL THERAPIST            | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PORTABLE X-RAY                | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS        | 2     | 4                                   | 814.92       | 203.73                       | .053                                   | 407.46           | 10.87                |
| PROSTHETICS                   | 2     | 4                                   | 814.92       | 203.73                       | .053                                   | 407.46           | 10.87                |
| ORTHOTICS                     | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PSYCHOLOGIST                  | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY          | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| HOSPICE SERVICES              | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| NONINST BIRTHING CENTERS      | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES      | 6     | 146                                 | 615.77       | 4.22                         | 1.947                                  | 102.63           | 8.21                 |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.       | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ALL OTHER PROVIDERS           | 22    | 8,643                               | 3,335.00     | .39                          | 115.240                                | 151.59           | 44.47                |
| @CALIF. CHILDREN SERVICES*    | 9     | 97                                  | \$ 31,023.63 | \$ 319.83                    | 1.293                                  | \$ 3447.07       | \$ 413.65            |
| @XOVER EXCLUDING STATE HOSP** | 33    | 320                                 | \$ 4,957.29  | \$ 15.49                     | 4.267                                  | \$ 150.22        | \$ 66.10             |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |          |          |
|----------------------------|---|----------|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE     | 617      |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |          | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR CASH GRANT - DISABLED   | AID CODE | 60       |

| 5,336 ELIGIBLES       | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-----------------------|-------|-------------------------------------|-----------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 4,089 | 129,454                             | \$ 2,854,036.96 | \$ 22.05                     | 24.260                                 | \$ 697.98        | \$ 534.86            |
| @PHYSICIANS SERVICES  | 1,337 | 4,910                               | \$ 129,049.83   | \$ 26.28                     | .920                                   | \$ 96.52         | \$ 24.18             |
| OUTPATIENT VISITS     | 625   | 950                                 | 30,736.32       | 32.35                        | .178                                   | 49.18            | 5.76                 |
| OFFICE VISITS         | 544   | 804                                 | 25,361.40       | 31.54                        | .151                                   | 46.62            | 4.75                 |
| HOME VISITS           | 7     | 7                                   | 309.30          | 44.19                        | .001                                   | 44.19            | .06                  |
| EMERGENCY ROOM        | 43    | 62                                  | 3,222.87        | 51.98                        | .012                                   | 74.95            | .60                  |



|                            |   |        |    |              |          |       |           |           |
|----------------------------|---|--------|----|--------------|----------|-------|-----------|-----------|
| PREVENTIVE CARE            | 0   | 0      |    | .00          | .00      | .000  | .00       | .00       |
| OB VISITS/COMPRE PERI      | 1   | 1      |    | 101.05       | 101.05   | .000  | 101.05    | .02       |
| OTHER OUTPATIENT           | 63  | 76     |    | 1,741.70     | 22.92    | .014  | 27.65     | .33       |
| INPATIENT VISITS           | 72  | 214    |    | 9,784.35     | 45.72    | .040  | 135.89    | 1.83      |
| HOSPITAL VISITS            | 57  | 176    |    | 7,818.14     | 44.42    | .033  | 137.16    | 1.47      |
| CRITICAL CARE              | 8   | 14     |    | 1,388.90     | 99.21    | .003  | 173.61    | .26       |
| SNF/ICF/TRANS IP CARE      | 15  | 24     |    | 577.31       | 24.05    | .004  | 38.49     | .11       |
| OPHTHALMOLOGICAL SERVICES  | 10  | 11     |    | 483.55       | 43.96    | .002  | 48.36     | .09       |
| EXAMINATIONS               | 10  | 11     |    | 483.55       | 43.96    | .002  | 48.36     | .09       |
| SERVICES AND MATERIALS     | 0   | 0      |    | .00          | .00      | .000  | .00       | .00       |
| INPATIENT HOSPITAL SURGERY | 31  | 550    |    | 15,178.88    | 27.60    | .103  | 489.64    | 2.84      |
| PRINCIPAL SURGEON          | 17  | 23     |    | 10,589.34    | 460.41   | .004  | 622.90    | 1.98      |
| ASSISTANT SURGEON          | 3   | 4      |    | 960.16       | 240.04   | .001  | 320.05    | .18       |
| ANESTHESIOLOGIST           | 15  | 523    |    | 3,629.38     | 6.94     | .098  | 241.96    | .68       |
| OUTPATIENT SURGERY         | 102   | 216    |    | 14,995.88    | 69.43    | .040  | 147.02    | 2.81      |
| PRINCIPAL SURGEON          | 84  | 101    |    | 12,327.83    | 122.06   | .019  | 146.76    | 2.31      |
| ASSISTANT SURGEON          | 0   | 0      |    | .00          | .00      | .000  | .00       | .00       |
| ANESTHESIOLOGIST           | 20  | 115    |    | 2,668.05     | 23.20    | .022  | 133.40    | .50       |
| DIALYSIS                   | 12  | 22     |    | 2,658.26     | 120.83   | .004  | 221.52    | .50       |
| PATHOLOGY                  | 105   | 288    |    | 2,975.01     | 10.33    | .054  | 28.33     | .56       |
| RADIOLOGY                  | 304   | 537    |    | 16,494.24    | 30.72    | .101  | 54.26     | 3.09      |
| PSYCHIATRY                 | 1   | 1      |    | 34.16        | 34.16    | .000  | 34.16     | .01       |
| IMMUNIZATION AND INJECTION | 43  | 68     |    | 2,919.72     | 42.94    | .013  | 67.90     | .55       |
| OTHER SERVICES/ALL X-OVERS | 603   | 2,053  |    | 32,789.46    | 15.97    | .385  | 54.38     | 6.14      |
| @PHARMACY                  | 3,459   | 33,493 | \$ | 1,573,217.37 | \$ 46.97 | 6.277 | \$ 454.82 | \$ 294.83 |
| PRESCRIPTION DRUGS         | 3,432   | 15,897 |    | 1,537,088.87 | 96.69    | 2.979 | 447.87    | 288.06    |
| SNF/ICF                    | 38  | 266    |    | 21,810.53    | 81.99    | .050  | 573.96    | 4.09      |
| OUTPATIENTS                | 3,396   | 15,631 |    | 1,515,278.34 | 96.94    | 2.929 | 446.20    | 283.97    |
| MEDICAL SUPPLIES           | 270   | 17,596 |    | 36,128.50    | 2.05     | 3.298 | 133.81    | 6.77      |
| @DENTIST                   | 268   | 1,254  | \$ | 61,233.17    | \$ 48.83 | .235  | \$ 228.48 | \$ 11.48  |
| VISITS - DIAGNOSTIC        | 169   | 756    |    | 10,705.00    | 14.16    | .142  | 63.34     | 2.01      |
| ORAL SURGERY               | 39  | 169    |    | 10,446.00    | 61.81    | .032  | 267.85    | 1.96      |
| DRUGS                      | 3   | 4      |    | 60.00        | 15.00    | .001  | 20.00     | .01       |
| ANESTHESIA                 | 3   | 3      |    | 380.00       | 126.67   | .001  | 126.67    | .07       |
| PERIODONTICS               | 19  | 24     |    | 4,110.00     | 171.25   | .004  | 216.32    | .77       |
| ENDODONTICS                | 24  | 32     |    | 7,947.00     | 248.34   | .006  | 331.13    | 1.49      |
| RESTORATIVE DENTISTRY      | 68  | 203    |    | 17,065.00    | 84.06    | .038  | 250.96    | 3.20      |
| PROSTHETICS                | 0   | 0      |    | .00          | .00      | .000  | .00       | .00       |
| DENTURES, STAYPLATES       | 33  | 60     |    | 9,982.00     | 166.37   | .011  | 302.48    | 1.87      |
| SPACE MAINTAINERS          | 0   | 0      |    | .00          | .00      | .000  | .00       | .00       |
| MAXILLOFACIAL SERVICES     | 3   | 3      |    | 538.17       | 179.39   | .001  | 179.39    | .10       |
| FRACTURES, DISLOCATIONS    | 0   | 0      |    | .00          | .00      | .000  | .00       | .00       |
| ORTHODONTIC SERVICES       | 0   | 0      |    | .00          | .00      | .000  | .00       | .00       |
| ALL OTHER SERVICES         | 0   | 0      |    | .00          | .00      | .000  | .00       | .00       |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |        |    |              |          |       |           | PAGE 618  |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |        |    |              |          |       |           | 01/17/03  |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR CASH GRANT - DISABLED   |        |    |              |          |       |           |           |
|                            | AID CODE 60   |        |    |              |          |       |           |           |

|                              |     |       |    |            |    |         |       |           |    |        |
|------------------------------|-----|-------|----|------------|----|---------|-------|-----------|----|--------|
| OTHER SERVICES               | 4   | 8     |    | 130.46     |    | 16.31   | .001  | 32.62     |    | .02    |
| @PODIATRIST                  | 26  | 38    | \$ | 1,156.71   | \$ | 30.44   | .007  | \$ 44.49  | \$ | .22    |
| MEDICINE/INJECTIONS          | 16  | 19    |    | 613.80     |    | 32.31   | .004  | 38.36     |    | .12    |
| SURGERY/ANES.                | 1   | 2     |    | 47.02      |    | 23.51   | .000  | 47.02     |    | .01    |
| RADIO./PATHOLOGY             | 2   | 3     |    | 51.90      |    | 17.30   | .001  | 25.95     |    | .01    |
| OTHER                        | 9   | 14    |    | 443.99     |    | 31.71   | .003  | 49.33     |    | .08    |
| @HOME HEALTH AGENCY          | 16  | 196   | \$ | 7,944.65   | \$ | 40.53   | .037  | \$ 496.54 | \$ | 1.49   |
| NURSE ANESTHESIST            | 3   | 42    | \$ | 96.74      | \$ | 2.30    | .008  | \$ 32.25  | \$ | .02    |
| NURSE MIDWIFE                | 0   | 0     | \$ | .00        | \$ | .00     | .000  | \$ .00    | \$ | .00    |
| PEDIATRIC NURSE PRACTITIONER | 0   | 0     | \$ | .00        | \$ | .00     | .000  | \$ .00    | \$ | .00    |
| FAMILY NURSE PRACTITIONER    | 0   | 0     | \$ | .00        | \$ | .00     | .000  | \$ .00    | \$ | .00    |
| @TOTAL HOSPITAL              | 970 | 6,963 | \$ | 549,451.93 | \$ | 78.91   | 1.305 | \$ 566.45 | \$ | 102.97 |
| HOSP INPATIENT TOTAL         | 83  | 382   |    | 362,441.28 |    | 948.80  | .072  | 4366.76   |    | 67.92  |
| HSC HOSPITALS                | 20  | 80    |    | 88,495.03  |    | 1106.19 | .015  | 4424.75   |    | 16.58  |
| NON-HSC HOSPITAL TOTAL       | 34  | 129   |    | 251,282.94 |    | 1947.93 | .024  | 7390.67   |    | 47.09  |
| ACCOMMODATIONS               | 34  | 129   |    | 70,670.31  |    | 547.83  | .024  | 2078.54   |    | 13.24  |
| ADMINISTRATIVE DAYS          | 0   | 0     |    | 3.03       |    | .00     | .000  | .00       |    | .00    |
| TRANSITIONAL IP CARE         | 0   | 0     |    | 100.68     |    | .00     | .000  | .00       |    | .02    |
| ALL OTHER ACCOM              | 34  | 129   |    | 70,566.60  |    | 547.03  | .024  | 2075.49   |    | 13.22  |
| ANCILLARIES                  | 34  | 0     |    | 180,612.63 |    | .00     | .000  | 5312.14   |    | 33.85  |
| INPATIENT CROSSOVERS         | 30  | 173   |    | 22,663.31  |    | 131.00  | .032  | 755.44    |    | 4.25   |
| ALL OTHER INPATIENT          | 0   | 0     |    | .00        |    | .00     | .000  | .00       |    | .00    |
| HOSP OUTPATIENT TOTAL        | 924 | 6,581 |    | 187,010.65 |    | 28.42   | 1.233 | 202.39    |    | 35.05  |
| MEDICAL                      | 281 | 418   |    | 26,123.43  |    | 62.50   | .078  | 92.97     |    | 4.90   |
| SURGERY                      | 45  | 47    |    | 2,782.50   |    | 59.20   | .009  | 61.83     |    | .52    |
| PATHOLOGY                    | 454 | 2,422 |    | 29,055.08  |    | 12.00   | .454  | 64.00     |    | 5.45   |
| RADIOLOGY                    | 292 | 472   |    | 52,223.94  |    | 110.64  | .088  | 178.85    |    | 9.79   |
| ROOM USE                     | 432 | 641   |    | 28,103.85  |    | 43.84   | .120  | 65.06     |    | 5.27   |
| CROSSOVERS/ALL OTH OUTPTNT   | 324 | 2,581 |    | 48,721.85  |    | 18.88   | .484  | 150.38    |    | 9.13   |
| @COUNTY HOSPITAL TOTAL       | 28  | 167   | \$ | 10,002.65  | \$ | 59.90   | .031  | \$ 357.24 | \$ | 1.87   |
| CO HOSPITAL INPATIENT TOTAL  | 1   | 5     |    | 4,575.00   |    | 915.00  | .001  | 4575.00   |    | .86    |
| HSC HOSPITALS                | 1   | 5     |    | 4,575.00   |    | 915.00  | .001  | 4575.00   |    | .86    |

|                            |    |     |          |       |      |        |      |
|----------------------------|----|-----|----------|-------|------|--------|------|
| NON-HSC HOSPITALS TOTAL    | 0  | 0   | .00      | .00   | .000 | .00    | .00  |
| ACCOMMODATIONS             | 0  | 0   | .00      | .00   | .000 | .00    | .00  |
| ADMINISTRATIVE DAYS        | 0  | 0   | .00      | .00   | .000 | .00    | .00  |
| TRANSITIONAL IP CARE       | 0  | 0   | .00      | .00   | .000 | .00    | .00  |
| ALL OTHER ACCOM            | 0  | 0   | .00      | .00   | .000 | .00    | .00  |
| ANCILLARIES                | 0  | 0   | .00      | .00   | .000 | .00    | .00  |
| INPATIENT CROSSOVERS       | 0  | 0   | .00      | .00   | .000 | .00    | .00  |
| ALL OTHER INPATIENT        | 0  | 0   | .00      | .00   | .000 | .00    | .00  |
| CO HOSP OUTPATIENT TOTAL   | 27 | 162 | 5,427.65 | 33.50 | .030 | 201.02 | 1.02 |
| MEDICAL                    | 13 | 22  | 1,330.45 | 60.48 | .004 | 102.34 | .25  |
| SURGERY                    | 2  | 2   | 134.95   | 67.48 | .000 | 67.48  | .03  |
| PATHOLOGY                  | 22 | 69  | 738.59   | 10.70 | .013 | 33.57  | .14  |
| RADIOLOGY                  | 12 | 18  | 1,223.07 | 67.95 | .003 | 101.92 | .23  |
| ROOM USE                   | 17 | 27  | 1,173.55 | 43.46 | .005 | 69.03  | .22  |
| CROSSOVERS/ALL OTH OUTPTNT | 9  | 24  | 827.04   | 34.46 | .004 | 91.89  | .15  |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      619  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - DISABLED      AID CODE 60

|                              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| 5,336 ELIGIBLES              |       |                                     |               |                              |                        |                  |                      |
| @COMMUNITY HOSPITAL TOTAL    | 951   | 6,796                               | \$ 539,449.28 | \$ 79.38                     | 1.274                  | \$ 567.24        | \$ 101.10            |
| COMM HOSP INPATIENT TOTAL    | 82    | 377                                 | 357,866.28    | 949.25                       | .071                   | 4364.22          | 67.07                |
| HSC HOSPITALS                | 19    | 75                                  | 83,920.03     | 1118.93                      | .014                   | 4416.84          | 15.73                |
| NON-HSC HOSPITALS TOTAL      | 34    | 129                                 | 251,282.94    | 1947.93                      | .024                   | 7390.67          | 47.09                |
| ACCOMMODATIONS               | 34    | 129                                 | 70,670.31     | 547.83                       | .024                   | 2078.54          | 13.24                |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | 3.03          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | 100.68        | .00                          | .000                   | .00              | .02                  |
| ALL OTHER ACCOM              | 34    | 129                                 | 70,566.60     | 547.03                       | .024                   | 2075.49          | 13.22                |
| ANCILLARIES                  | 34    | 0                                   | 180,612.63    | .00                          | .000                   | 5312.14          | 33.85                |
| INPATIENT CROSSOVERS         | 30    | 173                                 | 22,663.31     | 131.00                       | .032                   | 755.44           | 4.25                 |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 906   | 6,419                               | 181,583.00    | 28.29                        | 1.203                  | 200.42           | 34.03                |
| MEDICAL                      | 269   | 396                                 | 24,792.98     | 62.61                        | .074                   | 92.17            | 4.65                 |
| SURGERY                      | 43    | 45                                  | 2,647.55      | 58.83                        | .008                   | 61.57            | .50                  |
| PATHOLOGY                    | 437   | 2,353                               | 28,316.49     | 12.03                        | .441                   | 64.80            | 5.31                 |
| RADIOLOGY                    | 283   | 454                                 | 51,000.87     | 112.34                       | .085                   | 180.22           | 9.56                 |
| ROOM USE                     | 417   | 614                                 | 26,930.30     | 43.86                        | .115                   | 64.58            | 5.05                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 316   | 2,557                               | 47,894.81     | 18.73                        | .479                   | 151.57           | 8.98                 |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00        | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY            | 27    | 799                                 | \$ 92,207.20  | \$ 115.40                    | .150                   | \$ 3415.08       | \$ 17.28             |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR                | 27    | 799                                 | 92,207.20     | 115.40                       | .150                   | 3415.08          | 17.28                |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00        | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| ICF DDH                      | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ICF DD                       | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ICF DDN/DDCN                 | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 32    | 201                                 | \$ 43,902.89  | \$ 218.42                    | .038                   | \$ 1371.97       | \$ 8.23              |
| HOSPITAL BASED               | 11    | 153                                 | 30,954.32     | 202.32                       | .029                   | 2814.03          | 5.80                 |
| HEMODIALYSIS CENTER          | 22    | 48                                  | 12,948.57     | 269.76                       | .009                   | 588.57           | 2.43                 |

|                              |   |       |    |            |    |        |      |    |        |    |             |
|------------------------------|---|-------|----|------------|----|--------|------|----|--------|----|-------------|
| @REHABILITATION FACILITY     | 0   | 0     | \$ | 10.53      | \$ | .00    | .000 | \$ | .00    | \$ | .00         |
| HOSPITAL BASED               | 0   | 0     |    | 10.53      |    | .00    | .000 |    | .00    |    | .00         |
| INDEPENDENT FACILITY         | 0   | 0     |    | .00        |    | .00    | .000 |    | .00    |    | .00         |
| @LABORATORY FACILITY         | 184   | 668   | \$ | 8,530.61   | \$ | 12.77  | .125 | \$ | 46.36  | \$ | 1.60        |
| PATHOLOGY                    | 176   | 659   |    | 8,351.04   |    | 12.67  | .124 |    | 47.45  |    | 1.57        |
| XO AND OTHERS                | 8   | 9     |    | 179.57     |    | 19.95  | .002 |    | 22.45  |    | .03         |
| @ORGANIZED OUTPATIENT CLINIC | 916   | 1,537 | \$ | 162,185.78 | \$ | 105.52 | .288 | \$ | 177.06 | \$ | 30.39       |
| CLINIC                       | 1   | 5     |    | 62.00      |    | 12.40  | .001 |    | 62.00  |    | .01         |
| SURGICENTER                  | 6   | 41    |    | 1,682.31   |    | 41.03  | .008 |    | 280.39 |    | .32         |
| HEROIN DETOX CLINIC          | 1   | 13    |    | 157.94     |    | 12.15  | .002 |    | 157.94 |    | .03         |
| RURAL HEALTH CLINIC          | 910   | 1,478 |    | 160,283.53 |    | 108.45 | .277 |    | 176.14 |    | 30.04       |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |       |    |            |    |        |      |    |        |    | PAGE 620    |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |       |    |            |    |        |      |    |        |    | 01/17/03    |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR CASH GRANT - DISABLED   |       |    |            |    |        |      |    |        |    | AID CODE 60 |

|                               | 5,336 ELIGIBLES | USERS  | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-------------------------------|-----------------|--------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS          | 715             | 78,867 | \$                                  | 215,078.72   | \$ 2.73                      | 14.780                 | \$ 300.81        | \$ 40.31             |
| DURABLE MED. EQUIP.           | 69              | 275    |                                     | 48,841.55    | 177.61                       | .052                   | 707.85           | 9.15                 |
| BLOOD BANK                    | 1               | 20     |                                     | 306.00       | 15.30                        | .004                   | 306.00           | .06                  |
| HEARING AID DISPENSERS        | 4               | 5      |                                     | 2,237.65     | 447.53                       | .001                   | 559.41           | .42                  |
| MEDICAL TRANSPORTATION        | 128             | 9,055  |                                     | 31,816.33    | 3.51                         | 1.697                  | 248.57           | 5.96                 |
| AMBULANCES/AIR TRANS          | 54              | 969    |                                     | 11,143.75    | 11.50                        | .182                   | 206.37           | 2.09                 |
| OTHER TRANS                   | 23              | 6,792  |                                     | 15,708.65    | 2.31                         | 1.273                  | 682.98           | 2.94                 |
| OTHER SERVICES                | 59              | 1,294  |                                     | 4,963.93     | 3.84                         | .243                   | 84.13            | .93                  |
| ACUPUNCTURE                   | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR     | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING       | 1               | 1      |                                     | 105.00       | 105.00                       | .000                   | 105.00           | .02                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 40              | 2,148  |                                     | 66,844.48    | 31.12                        | .403                   | 1671.11          | 12.53                |
| OCCUPATIONAL THERAPIST        | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                      | 113             | 248    |                                     | 2,766.82     | 11.16                        | .046                   | 24.49            | .52                  |
| PHYSICAL THERAPIST            | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY                | 1               | 2      |                                     | 59.36        | 29.68                        | .000                   | 59.36            | .01                  |
| PROSTHETIST/ORTHOTISTS        | 13              | 26     |                                     | 5,689.61     | 218.83                       | .005                   | 437.66           | 1.07                 |
| PROSTHETICS                   | 7               | 19     |                                     | 5,263.43     | 277.02                       | .004                   | 751.92           | .99                  |
| ORTHOTICS                     | 6               | 7      |                                     | 426.18       | 60.88                        | .001                   | 71.03            | .08                  |
| PSYCHOLOGIST                  | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY          | 22              | 70     |                                     | 2,963.01     | 42.33                        | .013                   | 134.68           | .56                  |
| HOSPICE SERVICES              | 2               | 8      |                                     | 884.48       | 110.56                       | .001                   | 442.24           | .17                  |
| NONINST BIRTHING CENTERS      | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES      | 85              | 4,476  |                                     | 19,618.93    | 4.38                         | .839                   | 230.81           | 3.68                 |
| EPSDT SUPPLEMENTAL SERVICE    | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.       | 1               | 1      |                                     | 29.48        | 29.48                        | .000                   | 29.48            | .01                  |
| PED SUBACUTE REHAB/WEANING    | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER PROVIDERS           | 310             | 62,533 |                                     | 32,945.50    | .53                          | 11.719                 | 106.28           | 6.17                 |
| @CALIF. CHILDREN SERVICES*    | 62              | 4,029  | \$                                  | 64,857.38    | \$ 16.10                     | .755                   | \$ 1046.09       | \$ 12.15             |
| @XOVER EXCLUDING STATE HOSP** | 690             | 10,298 | \$                                  | 81,287.05    | \$ 7.89                      | 1.930                  | \$ 117.81        | \$ 15.23             |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |  |  |  |  |  |  |  |  |  |          |
|----------------------------|---|--|--|--|--|--|--|--|--|--|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |  |  |  |  |  |  |  |  |  | PAGE 621 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |  |  |  |  |  |  |  |  |  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G                 |  |  |  |  |  |  |  |  |  |          |

|  | 6,911 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|--|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|--|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|

|                            |       |        |    |            |    |        |       |    |        |    |        |
|----------------------------|-------|--------|----|------------|----|--------|-------|----|--------|----|--------|
| @TOTAL, ALL PROVIDERS      | 3,697 | 20,896 | \$ | 975,104.47 | \$ | 46.66  | 3.024 | \$ | 263.76 | \$ | 141.09 |
| @PHYSICIANS SERVICES       | 996   | 2,976  | \$ | 107,239.96 | \$ | 36.03  | .431  | \$ | 107.67 | \$ | 15.52  |
| OUTPATIENT VISITS          | 627   | 873    |    | 32,034.40  |    | 36.69  | .126  |    | 51.09  |    | 4.64   |
| OFFICE VISITS              | 525   | 689    |    | 22,618.58  |    | 32.83  | .100  |    | 43.08  |    | 3.27   |
| HOME VISITS                | 0     | 0      |    | .00        |    | .00    | .000  |    | .00    |    | .00    |
| EMERGENCY ROOM             | 57    | 60     |    | 2,389.99   |    | 39.83  | .009  |    | 41.93  |    | .35    |
| PREVENTIVE CARE            | 1     | 1      |    | 65.78      |    | 65.78  | .000  |    | 65.78  |    | .01    |
| OB VISITS/COMPRE PERI      | 39    | 106    |    | 6,475.11   |    | 61.09  | .015  |    | 166.03 |    | .94    |
| OTHER OUTPATIENT           | 17    | 17     |    | 484.94     |    | 28.53  | .002  |    | 28.53  |    | .07    |
| INPATIENT VISITS           | 46    | 106    |    | 6,174.04   |    | 58.25  | .015  |    | 134.22 |    | .89    |
| HOSPITAL VISITS            | 44    | 86     |    | 4,202.59   |    | 48.87  | .012  |    | 95.51  |    | .61    |
| CRITICAL CARE              | 2     | 19     |    | 1,943.95   |    | 102.31 | .003  |    | 971.98 |    | .28    |
| SNF/ICF/TRANS IP CARE      | 1     | 1      |    | 27.50      |    | 27.50  | .000  |    | 27.50  |    | .00    |
| OPHTHALMOLOGICAL SERVICES  | 5     | 6      |    | 317.58     |    | 52.93  | .001  |    | 63.52  |    | .05    |
| EXAMINATIONS               | 5     | 6      |    | 317.58     |    | 52.93  | .001  |    | 63.52  |    | .05    |
| SERVICES AND MATERIALS     | 0     | 0      |    | .00        |    | .00    | .000  |    | .00    |    | .00    |
| INPATIENT HOSPITAL SURGERY | 51    | 605    |    | 25,760.99  |    | 42.58  | .088  |    | 505.12 |    | 3.73   |
| PRINCIPAL SURGEON          | 30    | 32     |    | 18,481.05  |    | 577.53 | .005  |    | 616.04 |    | 2.67   |
| ASSISTANT SURGEON          | 7     | 8      |    | 1,063.05   |    | 132.88 | .001  |    | 151.86 |    | .15    |
| ANESTHESIOLOGIST           | 29    | 565    |    | 6,216.89   |    | 11.00  | .082  |    | 214.38 |    | .90    |
| OUTPATIENT SURGERY         | 105   | 329    |    | 19,145.19  |    | 58.19  | .048  |    | 182.34 |    | 2.77   |
| PRINCIPAL SURGEON          | 75    | 88     |    | 13,335.67  |    | 151.54 | .013  |    | 177.81 |    | 1.93   |
| ASSISTANT SURGEON          | 0     | 0      |    | .00        |    | .00    | .000  |    | .00    |    | .00    |
| ANESTHESIOLOGIST           | 46    | 241    |    | 5,809.52   |    | 24.11  | .035  |    | 126.29 |    | .84    |
| DIALYSIS                   | 0     | 0      |    | .00        |    | .00    | .000  |    | .00    |    | .00    |
| PATHOLOGY                  | 96    | 129    |    | 2,273.92   |    | 17.63  | .019  |    | 23.69  |    | .33    |
| RADIOLOGY                  | 279   | 409    |    | 10,529.65  |    | 25.74  | .059  |    | 37.74  |    | 1.52   |
| PSYCHIATRY                 | 2     | 2      |    | 96.51      |    | 48.26  | .000  |    | 48.26  |    | .01    |
| IMMUNIZATION AND INJECTION | 22    | 46     |    | 868.62     |    | 18.88  | .007  |    | 39.48  |    | .13    |
| OTHER SERVICES/ALL X-OVERS | 107   | 471    |    | 10,039.06  |    | 21.31  | .068  |    | 93.82  |    | 1.45   |
| @PHARMACY                  | 1,992 | 7,165  | \$ | 228,361.09 | \$ | 31.87  | 1.037 | \$ | 114.64 | \$ | 33.04  |
| PRESCRIPTION DRUGS         | 1,973 | 4,959  |    | 224,065.33 |    | 45.18  | .718  |    | 113.57 |    | 32.42  |
| SNF/ICF                    | 0     | 0      |    | .00        |    | .00    | .000  |    | .00    |    | .00    |
| OUTPATIENTS                | 1,973 | 4,959  |    | 224,065.33 |    | 45.18  | .718  |    | 113.57 |    | 32.42  |
| MEDICAL SUPPLIES           | 63    | 2,206  |    | 4,295.76   |    | 1.95   | .319  |    | 68.19  |    | .62    |
| @DENTIST                   | 308   | 1,650  | \$ | 65,074.69  | \$ | 39.44  | .239  | \$ | 211.28 | \$ | 9.42   |
| VISITS - DIAGNOSTIC        | 215   | 946    |    | 14,944.10  |    | 15.80  | .137  |    | 69.51  |    | 2.16   |
| ORAL SURGERY               | 39    | 102    |    | 5,746.00   |    | 56.33  | .015  |    | 147.33 |    | .83    |
| DRUGS                      | 5     | 5      |    | 60.00      |    | 12.00  | .001  |    | 12.00  |    | .01    |
| ANESTHESIA                 | 4     | 4      |    | 400.00     |    | 100.00 | .001  |    | 100.00 |    | .06    |
| PERIODONTICS               | 10    | 10     |    | 1,365.00   |    | 136.50 | .001  |    | 136.50 |    | .20    |
| ENDODONTICS                | 36    | 90     |    | 10,535.00  |    | 117.06 | .013  |    | 292.64 |    | 1.52   |
| RESTORATIVE DENTISTRY      | 127   | 466    |    | 29,001.50  |    | 62.23  | .067  |    | 228.36 |    | 4.20   |
| PROSTHETICS                | 1     | 1      |    | 30.00      |    | 30.00  | .000  |    | 30.00  |    | .00    |
| DENTURES, STAYPLATES       | 5     | 13     |    | 1,545.00   |    | 118.85 | .002  |    | 309.00 |    | .22    |
| SPACE MAINTAINERS          | 3     | 3      |    | 342.00     |    | 114.00 | .000  |    | 114.00 |    | .05    |
| MAXILLOFACIAL SERVICES     | 2     | 2      |    | 176.09     |    | 88.05  | .000  |    | 88.05  |    | .03    |
| FRACTURES, DISLOCATIONS    | 0     | 0      |    | .00        |    | .00    | .000  |    | .00    |    | .00    |
| ORTHODONTIC SERVICES       | 5     | 7      |    | 930.00     |    | 132.86 | .001  |    | 186.00 |    | .13    |
| ALL OTHER SERVICES         | 1     | 1      |    | .00        |    | .00    | .000  |    | .00    |    | .00    |

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

PAGE 622

01/17/03

| 6,911 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|

----- MONTHLY AVERAGE -----

|                              |       |       |    |            |    |         |      |    |         |    |       |
|------------------------------|-------|-------|----|------------|----|---------|------|----|---------|----|-------|
| @OPTOMETRIST                 | 98    | 248   | \$ | 6,196.70   | \$ | 24.99   | .036 | \$ | 63.23   | \$ | .90   |
| DIAGNOSTIC AND ANC. PROCED   | 77    | 77    |    | 3,606.20   |    | 46.83   | .011 |    | 46.83   |    | .52   |
| EYE APPLIANCES               | 54    | 159   |    | 2,324.23   |    | 14.62   | .023 |    | 43.04   |    | .34   |
| OTHER OPTOMETRIC SERVICES    | 10    | 12    |    | 266.27     |    | 22.19   | .002 |    | 26.63   |    | .04   |
| @CHIROPRACTOR                | 11    | 15    | \$ | 221.54     | \$ | 14.77   | .002 | \$ | 20.14   | \$ | .03   |
| VISITS                       | 11    | 15    |    | 221.54     |    | 14.77   | .002 |    | 20.14   |    | .03   |
| OTHER SERVICES               | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| @PODIATRIST                  | 4     | 4     | \$ | 148.80     | \$ | 37.20   | .001 | \$ | 37.20   | \$ | .02   |
| MEDICINE/INJECTIONS          | 4     | 4     |    | 148.80     |    | 37.20   | .001 |    | 37.20   |    | .02   |
| SURGERY/ANES.                | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| RADIO./PATHOLOGY             | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| OTHER                        | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| @HOME HEALTH AGENCY          | 3     | 9     | \$ | 550.51     | \$ | 61.17   | .001 | \$ | 183.50  | \$ | .08   |
| NURSE ANESTHESIST            | 0     | 0     | \$ | .00        | \$ | .00     | .000 | \$ | .00     | \$ | .00   |
| NURSE MIDWIFE                | 0     | 0     | \$ | .00        | \$ | .00     | .000 | \$ | .00     | \$ | .00   |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0     | \$ | .00        | \$ | .00     | .000 | \$ | .00     | \$ | .00   |
| FAMILY NURSE PRACTITIONER    | 0     | 0     | \$ | .00        | \$ | .00     | .000 | \$ | .00     | \$ | .00   |
| @TOTAL HOSPITAL              | 1,144 | 4,329 | \$ | 362,035.87 | \$ | 83.63   | .626 | \$ | 316.46  | \$ | 52.39 |
| HOSP INPATIENT TOTAL         | 52    | 184   |    | 232,024.57 |    | 1261.00 | .027 |    | 4462.01 |    | 33.57 |
| HSC HOSPITALS                | 17    | 59    |    | 74,268.57  |    | 1258.79 | .009 |    | 4368.74 |    | 10.75 |
| NON-HSC HOSPITAL TOTAL       | 36    | 125   |    | 157,756.00 |    | 1262.05 | .018 |    | 4382.11 |    | 22.83 |
| ACCOMMODATIONS               | 36    | 125   |    | 53,064.32  |    | 424.51  | .018 |    | 1474.01 |    | 7.68  |
| ADMINISTRATIVE DAYS          | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| TRANSITIONAL IP CARE         | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| ALL OTHER ACCOM              | 36    | 125   |    | 53,064.32  |    | 424.51  | .018 |    | 1474.01 |    | 7.68  |
| ANCILLARIES                  | 36    | 0     |    | 104,691.68 |    | .00     | .000 |    | 2908.10 |    | 15.15 |
| INPATIENT CROSSOVERS         | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| ALL OTHER INPATIENT          | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| HOSP OUTPATIENT TOTAL        | 1,118 | 4,145 |    | 130,011.30 |    | 31.37   | .600 |    | 116.29  |    | 18.81 |
| MEDICAL                      | 622   | 804   |    | 39,071.51  |    | 48.60   | .116 |    | 62.82   |    | 5.65  |
| SURGERY                      | 34    | 36    |    | 3,140.16   |    | 87.23   | .005 |    | 92.36   |    | .45   |
| PATHOLOGY                    | 423   | 1,458 |    | 18,327.68  |    | 12.57   | .211 |    | 43.33   |    | 2.65  |
| RADIOLOGY                    | 265   | 375   |    | 22,485.09  |    | 59.96   | .054 |    | 84.85   |    | 3.25  |
| ROOM USE                     | 660   | 876   |    | 37,360.09  |    | 42.65   | .127 |    | 56.61   |    | 5.41  |
| CROSSOVERS/ALL OTH OUTPTNT   | 314   | 596   |    | 9,626.77   |    | 16.15   | .086 |    | 30.66   |    | 1.39  |
| @COUNTY HOSPITAL TOTAL       | 12    | 40    | \$ | 5,038.92   | \$ | 125.97  | .006 | \$ | 419.91  | \$ | .73   |
| CO HOSPITAL INPATIENT TOTAL  | 1     | 3     |    | 3,144.02   |    | 1048.01 | .000 |    | 3144.02 |    | .45   |
| HSC HOSPITALS                | 1     | 3     |    | 3,144.02   |    | 1048.01 | .000 |    | 3144.02 |    | .45   |
| NON-HSC HOSPITALS TOTAL      | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| ACCOMMODATIONS               | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| ADMINISTRATIVE DAYS          | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| TRANSITIONAL IP CARE         | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| ALL OTHER ACCOM              | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| ANCILLARIES                  | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| INPATIENT CROSSOVERS         | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| ALL OTHER INPATIENT          | 0     | 0     |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| CO HOSP OUTPATIENT TOTAL     | 11    | 37    |    | 1,894.90   |    | 51.21   | .005 |    | 172.26  |    | .27   |
| MEDICAL                      | 6     | 6     |    | 328.27     |    | 54.71   | .001 |    | 54.71   |    | .05   |
| SURGERY                      | 1     | 1     |    | 165.37     |    | 165.37  | .000 |    | 165.37  |    | .02   |
| PATHOLOGY                    | 3     | 7     |    | 108.62     |    | 15.52   | .001 |    | 36.21   |    | .02   |
| RADIOLOGY                    | 3     | 3     |    | 502.51     |    | 167.50  | .000 |    | 167.50  |    | .07   |
| ROOM USE                     | 9     | 13    |    | 696.65     |    | 53.59   | .002 |    | 77.41   |    | .10   |
| CROSSOVERS/ALL OTH OUTPTNT   | 5     | 7     |    | 93.48      |    | 13.35   | .001 |    | 18.70   |    | .01   |

| 6,911 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|--|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL    | 1,137 | 4,289                               | \$ 356,996.95 | \$ 83.24                     | .621   | \$ 313.98        | \$ 51.66             |
| COMM HOSP INPATIENT TOTAL    | 51    | 181                                 | 228,880.55    | 1264.53                      | .026   | 4487.85          | 33.12                |
| HSC HOSPITALS                | 16    | 56                                  | 71,124.55     | 1270.08                      | .008   | 4445.28          | 10.29                |
| NON-HSC HOSPITALS TOTAL      | 36    | 125                                 | 157,756.00    | 1262.05                      | .018   | 4382.11          | 22.83                |
| ACCOMMODATIONS               | 36    | 125                                 | 53,064.32     | 424.51                       | .018   | 1474.01          | 7.68                 |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| ALL OTHER ACCOM              | 36    | 125                                 | 53,064.32     | 424.51                       | .018   | 1474.01          | 7.68                 |
| ANCILLARIES                  | 36    | 0                                   | 104,691.68    | .00                          | .000   | 2908.10          | 15.15                |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 1,112 | 4,108                               | 128,116.40    | 31.19                        | .594   | 115.21           | 18.54                |
| MEDICAL                      | 617   | 798                                 | 38,743.24     | 48.55                        | .115   | 62.79            | 5.61                 |
| SURGERY                      | 33    | 35                                  | 2,974.79      | 84.99                        | .005   | 90.15            | .43                  |
| PATHOLOGY                    | 420   | 1,451                               | 18,219.06     | 12.56                        | .210   | 43.38            | 2.64                 |
| RADIOLOGY                    | 263   | 372                                 | 21,982.58     | 59.09                        | .054   | 83.58            | 3.18                 |
| ROOM USE                     | 653   | 863                                 | 36,663.44     | 42.48                        | .125   | 56.15            | 5.31                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 310   | 589                                 | 9,533.29      | 16.19                        | .085   | 30.75            | 1.38                 |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00        | \$ .00                       | .000   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00        | \$ .00                       | .000   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| LEV B-REGULAR                | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00        | \$ .00                       | .000   | \$ .00           | \$ .00               |

|                              |   |       |               |           |      |           |          |
|------------------------------|---|-------|---------------|-----------|------|-----------|----------|
| ICF DDH                      | 0   | 0     | .00           | .00       | .000 | .00       | .00      |
| ICF DD                       | 0   | 0     | .00           | .00       | .000 | .00       | .00      |
| ICF DDN/DDCN                 | 0   | 0     | .00           | .00       | .000 | .00       | .00      |
| @HEMODIALYSIS TOTAL          | 0   | 0     | \$ .00        | \$ .00    | .000 | \$ .00    | \$ .00   |
| HOSPITAL BASED               | 0   | 0     | .00           | .00       | .000 | .00       | .00      |
| HEMODIALYSIS CENTER          | 0   | 0     | .00           | .00       | .000 | .00       | .00      |
| @REHABILITATION FACILITY     | 6   | 23    | \$ 515.87     | \$ 22.43  | .003 | \$ 85.98  | \$ .07   |
| HOSPITAL BASED               | 5   | 21    | 494.67        | 23.56     | .003 | 98.93     | .07      |
| INDEPENDENT FACILITY         | 1   | 2     | 21.20         | 10.60     | .000 | 21.20     | .00      |
| @LABORATORY FACILITY         | 154   | 367   | \$ 6,774.95   | \$ 18.46  | .053 | \$ 43.99  | \$ .98   |
| PATHOLOGY                    | 154   | 367   | 6,774.95      | 18.46     | .053 | 43.99     | .98      |
| XO AND OTHERS                | 0   | 0     | .00           | .00       | .000 | .00       | .00      |
| @ORGANIZED OUTPATIENT CLINIC | 890   | 1,381 | \$ 171,064.45 | \$ 123.87 | .200 | \$ 192.21 | \$ 24.75 |
| CLINIC                       | 15  | 58    | 824.53        | 14.22     | .008 | 54.97     | .12      |
| SURGICENTER                  | 12  | 93    | 2,989.32      | 32.14     | .013 | 249.11    | .43      |
| HEROIN DETOX CLINIC          | 1   | 9     | 83.55         | 9.28      | .001 | 83.55     | .01      |
| RURAL HEALTH CLINIC          | 865   | 1,221 | 167,167.05    | 136.91    | .177 | 193.26    | 24.19    |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |       |               |           |      |           |          |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |       |               |           |      |           |          |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G                 |       |               |           |      |           |          |

PAGE 624  
01/17/03

|                               | 6,911 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-------------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS          | 474             | 2,729 | \$                                  | 26,920.04    | \$ 9.86                      | .395                                   | \$ 56.79         | \$ 3.90              |
| DURABLE MED. EQUIP.           | 8               | 8     |                                     | 1,183.05     | 147.88                       | .001                                   | 147.88           | .17                  |
| BLOOD BANK                    | 0               | 0     |                                     | .00          | .00                          | .000                                   | .00              | .00                  |
| HEARING AID DISPENSERS        | 0               | 0     |                                     | .00          | .00                          | .000                                   | .00              | .00                  |
| MEDICAL TRANSPORTATION        | 42              | 791   |                                     | 10,063.78    | 12.72                        | .114                                   | 239.61           | 1.46                 |
| AMBULANCES/AIR TRANS          | 42              | 790   |                                     | 8,788.78     | 11.13                        | .114                                   | 209.26           | 1.27                 |
| OTHER TRANS                   | 0               | 0     |                                     | .00          | .00                          | .000                                   | .00              | .00                  |
| OTHER SERVICES                | 1               | 1     |                                     | 1,275.00     | 1275.00                      | .000                                   | 1275.00          | .18                  |
| ACUPUNCTURE                   | 0               | 0     |                                     | .00          | .00                          | .000                                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR     | 0               | 0     |                                     | .00          | .00                          | .000                                   | .00              | .00                  |
| GENETIC DISEASE TESTING       | 15              | 15    |                                     | 971.00       | 64.73                        | .002                                   | 64.73            | .14                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 1               | 2     |                                     | 90.86        | 45.43                        | .000                                   | 90.86            | .01                  |
| OCCUPATIONAL THERAPIST        | 0               | 0     |                                     | .00          | .00                          | .000                                   | .00              | .00                  |
| OPTICIAN                      | 60              | 131   |                                     | 1,216.14     | 9.28                         | .019                                   | 20.27            | .18                  |
| PHYSICAL THERAPIST            | 0               | 0     |                                     | .00          | .00                          | .000                                   | .00              | .00                  |
| PORTABLE X-RAY                | 0               | 0     |                                     | .00          | .00                          | .000                                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS        | 3               | 3     |                                     | 207.66       | 69.22                        | .000                                   | 69.22            | .03                  |
| PROSTHETICS                   | 0               | 0     |                                     | .00          | .00                          | .000                                   | .00              | .00                  |
| ORTHOTICS                     | 3               | 3     |                                     | 207.66       | 69.22                        | .000                                   | 69.22            | .03                  |
| PSYCHOLOGIST                  | 1               | 9     |                                     | 550.79       | 61.20                        | .001                                   | 550.79           | .08                  |
| SPEECH AND AUDIOLOGY          | 1               | 3     |                                     | 225.19       | 75.06                        | .000                                   | 225.19           | .03                  |
| HOSPICE SERVICES              | 0               | 0     |                                     | .00          | .00                          | .000                                   | .00              | .00                  |
| NONINST BIRTHING CENTERS      | 0               | 0     |                                     | .00          | .00                          | .000                                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES      | 353             | 1,367 |                                     | 12,189.57    | 8.92                         | .198                                   | 34.53            | 1.76                 |
| EPSDT SUPPLEMENTAL SERVICE    | 0               | 0     |                                     | .00          | .00                          | .000                                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.       | 0               | 0     |                                     | .00          | .00                          | .000                                   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING    | 0               | 0     |                                     | .00          | .00                          | .000                                   | .00              | .00                  |
| ALL OTHER PROVIDERS           | 2               | 400   |                                     | 222.00       | .56                          | .058                                   | 111.00           | .03                  |
| @CALIF. CHILDREN SERVICES*    | 28              | 100   | \$                                  | 31,784.57    | \$ 317.85                    | .014                                   | \$ 1135.16       | \$ 4.60              |
| @XOVER EXCLUDING STATE HOSP** | 0               | 0     | \$                                  | .00          | \$ .00                       | .000                                   | \$ .00           | \$ .00               |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



|                            |       |         |                                     |              |                              | ----- MONTHLY AVERAGE ----- |                  |                      |  |
|----------------------------|-------|---------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 13,456 ELIGIBLES           |       | USERS   | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @TOTAL, ALL PROVIDERS      | 8,760 | 174,929 | \$                                  | 4,246,530.25 | \$ 24.28                     | 13.000                      | \$ 484.76        | \$ 315.59            |  |
| @PHYSICIANS SERVICES       | 2,567 | 8,633   | \$                                  | 248,674.01   | \$ 28.81                     | .642                        | \$ 96.87         | \$ 18.48             |  |
| OUTPATIENT VISITS          | 1,261 | 1,834   |                                     | 63,258.45    | 34.49                        | .136                        | 50.17            | 4.70                 |  |
| OFFICE VISITS              | 1,078 | 1,503   |                                     | 48,372.23    | 32.18                        | .112                        | 44.87            | 3.59                 |  |
| HOME VISITS                | 7     | 7       |                                     | 309.30       | 44.19                        | .001                        | 44.19            | .02                  |  |
| EMERGENCY ROOM             | 101   | 123     |                                     | 5,708.34     | 46.41                        | .009                        | 56.52            | .42                  |  |
| PREVENTIVE CARE            | 1     | 1       |                                     | 65.78        | 65.78                        | .000                        | 65.78            | .00                  |  |
| OB VISITS/COMPRE PERI      | 40    | 107     |                                     | 6,576.16     | 61.46                        | .008                        | 164.40           | .49                  |  |
| OTHER OUTPATIENT           | 80    | 93      |                                     | 2,226.64     | 23.94                        | .007                        | 27.83            | .17                  |  |
| INPATIENT VISITS           | 122   | 361     |                                     | 18,913.73    | 52.39                        | .027                        | 155.03           | 1.41                 |  |
| HOSPITAL VISITS            | 105   | 298     |                                     | 13,956.89    | 46.84                        | .022                        | 132.92           | 1.04                 |  |
| CRITICAL CARE              | 11    | 38      |                                     | 4,352.03     | 114.53                       | .003                        | 395.64           | .32                  |  |
| SNF/ICF/TRANS IP CARE      | 16    | 25      |                                     | 604.81       | 24.19                        | .002                        | 37.80            | .04                  |  |
| OPHTHALMOLOGICAL SERVICES  | 15    | 17      |                                     | 801.13       | 47.13                        | .001                        | 53.41            | .06                  |  |
| EXAMINATIONS               | 15    | 17      |                                     | 801.13       | 47.13                        | .001                        | 53.41            | .06                  |  |
| SERVICES AND MATERIALS     | 0     | 0       |                                     | .00          | .00                          | .000                        | .00              | .00                  |  |
| INPATIENT HOSPITAL SURGERY | 87    | 1,180   |                                     | 43,296.38    | 36.69                        | .088                        | 497.66           | 3.22                 |  |
| PRINCIPAL SURGEON          | 49    | 59      |                                     | 30,889.47    | 523.55                       | .004                        | 630.40           | 2.30                 |  |
| ASSISTANT SURGEON          | 10    | 12      |                                     | 2,023.21     | 168.60                       | .001                        | 202.32           | .15                  |  |
| ANESTHESIOLOGIST           | 47    | 1,109   |                                     | 10,383.70    | 9.36                         | .082                        | 220.93           | .77                  |  |
| OUTPATIENT SURGERY         | 208   | 546     |                                     | 34,185.75    | 62.61                        | .041                        | 164.35           | 2.54                 |  |
| PRINCIPAL SURGEON          | 160   | 190     |                                     | 25,708.18    | 135.31                       | .014                        | 160.68           | 1.91                 |  |
| ASSISTANT SURGEON          | 0     | 0       |                                     | .00          | .00                          | .000                        | .00              | .00                  |  |
| ANESTHESIOLOGIST           | 66    | 356     |                                     | 8,477.57     | 23.81                        | .026                        | 128.45           | .63                  |  |
| DIALYSIS                   | 12    | 22      |                                     | 2,658.26     | 120.83                       | .002                        | 221.52           | .20                  |  |
| PATHOLOGY                  | 203   | 424     |                                     | 5,485.86     | 12.94                        | .032                        | 27.02            | .41                  |  |
| RADIOLOGY                  | 589   | 957     |                                     | 27,314.95    | 28.54                        | .071                        | 46.38            | 2.03                 |  |
| PSYCHIATRY                 | 3     | 3       |                                     | 130.67       | 43.56                        | .000                        | 43.56            | .01                  |  |
| IMMUNIZATION AND INJECTION | 65    | 114     |                                     | 3,788.34     | 33.23                        | .008                        | 58.28            | .28                  |  |
| OTHER SERVICES/ALL X-OVERS | 930   | 3,175   |                                     | 48,840.49    | 15.38                        | .236                        | 52.52            | 3.63                 |  |
| @PHARMACY                  | 6,279 | 45,931  | \$                                  | 1,983,643.57 | \$ 43.19                     | 3.413                       | \$ 315.92        | \$ 147.42            |  |
| PRESCRIPTION DRUGS         | 6,228 | 23,960  |                                     | 1,938,975.02 | 80.93                        | 1.781                       | 311.33           | 144.10               |  |
| SNF/ICF                    | 65    | 486     |                                     | 30,732.77    | 63.24                        | .036                        | 472.81           | 2.28                 |  |
| OUTPATIENTS                | 6,167 | 23,474  |                                     | 1,908,242.25 | 81.29                        | 1.745                       | 309.43           | 141.81               |  |
| MEDICAL SUPPLIES           | 388   | 21,971  |                                     | 44,668.55    | 2.03                         | 1.633                       | 115.13           | 3.32                 |  |
| @DENTIST                   | 625   | 3,049   | \$                                  | 137,558.86   | \$ 45.12                     | .227                        | \$ 220.09        | \$ 10.22             |  |
| VISITS - DIAGNOSTIC        | 411   | 1,789   |                                     | 26,933.10    | 15.05                        | .133                        | 65.53            | 2.00                 |  |
| ORAL SURGERY               | 86    | 284     |                                     | 17,137.00    | 60.34                        | .021                        | 199.27           | 1.27                 |  |
| DRUGS                      | 8     | 9       |                                     | 120.00       | 13.33                        | .001                        | 15.00            | .01                  |  |
| ANESTHESIA                 | 7     | 7       |                                     | 780.00       | 111.43                       | .001                        | 111.43           | .06                  |  |
| PERIODONTICS               | 30    | 35      |                                     | 5,675.00     | 162.14                       | .003                        | 189.17           | .42                  |  |
| ENDODONTICS                | 63    | 125     |                                     | 19,172.00    | 153.38                       | .009                        | 304.32           | 1.42                 |  |
| RESTORATIVE DENTISTRY      | 206   | 691     |                                     | 48,428.50    | 70.08                        | .051                        | 235.09           | 3.60                 |  |
| PROSTHETICS                | 1     | 1       |                                     | 30.00        | 30.00                        | .000                        | 30.00            | .00                  |  |
| DENTURES, STAYPLATES       | 49    | 91      |                                     | 17,297.00    | 190.08                       | .007                        | 353.00           | 1.29                 |  |
| SPACE MAINTAINERS          | 3     | 3       |                                     | 342.00       | 114.00                       | .000                        | 114.00           | .03                  |  |
| MAXILLOFACIAL SERVICES     | 5     | 5       |                                     | 714.26       | 142.85                       | .000                        | 142.85           | .05                  |  |
| FRACTURES, DISLOCATIONS    | 0     | 0       |                                     | .00          | .00                          | .000                        | .00              | .00                  |  |
| ORTHODONTIC SERVICES       | 5     | 7       |                                     | 930.00       | 132.86                       | .001                        | 186.00           | .07                  |  |
| ALL OTHER SERVICES         | 2     | 2       |                                     | .00          | .00                          | .000                        | .00              | .00                  |  |

| 13,456 ELIGIBLES             | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE |    | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|------------------------------|-------|-------------------------------------|----|--------------|------------------------------|-----------------------------|------------------|----------------------|
|                              |       |                                     |    |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 350   | 834                                 | \$ | 19,209.46    | \$ 23.03                     | .062                        | \$ 54.88         | \$ 1.43              |
| DIAGNOSTIC AND ANC. PROCED   | 206   | 206                                 |    | 7,473.30     | 36.28                        | .015                        | 36.28            | .56                  |
| EYE APPLIANCES               | 203   | 565                                 |    | 10,341.02    | 18.30                        | .042                        | 50.94            | .77                  |
| OTHER OPTOMETRIC SERVICES    | 51    | 63                                  |    | 1,395.14     | 22.15                        | .005                        | 27.36            | .10                  |
| @CHIROPRACTOR                | 38    | 55                                  | \$ | 860.12       | \$ 15.64                     | .004                        | \$ 22.63         | \$ .06               |
| VISITS                       | 29    | 40                                  |    | 635.36       | 15.88                        | .003                        | 21.91            | .05                  |
| OTHER SERVICES               | 9     | 15                                  |    | 224.76       | 14.98                        | .001                        | 24.97            | .02                  |
| @PODIATRIST                  | 62    | 86                                  | \$ | 1,990.60     | \$ 23.15                     | .006                        | \$ 32.11         | \$ .15               |
| MEDICINE/INJECTIONS          | 20    | 23                                  |    | 762.60       | 33.16                        | .002                        | 38.13            | .06                  |
| SURGERY/ANES.                | 1     | 2                                   |    | 47.02        | 23.51                        | .000                        | 47.02            | .00                  |
| RADIO./PATHOLOGY             | 2     | 3                                   |    | 51.90        | 17.30                        | .000                        | 25.95            | .00                  |
| OTHER                        | 41    | 58                                  |    | 1,129.08     | 19.47                        | .004                        | 27.54            | .08                  |
| @HOME HEALTH AGENCY          | 20    | 210                                 | \$ | 8,869.46     | \$ 42.24                     | .016                        | \$ 443.47        | \$ .66               |
| NURSE ANESTHESIST            | 4     | 43                                  | \$ | 119.04       | \$ 2.77                      | .003                        | \$ 29.76         | \$ .01               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ | .00          | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ | .00          | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ | .00          | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 2,175 | 11,493                              | \$ | 965,804.23   | \$ 84.03                     | .854                        | \$ 444.05        | \$ 71.77             |
| HOSP INPATIENT TOTAL         | 154   | 654                                 |    | 645,249.20   | 986.62                       | .049                        | 4189.93          | 47.95                |
| HSC HOSPITALS                | 42    | 183                                 |    | 202,480.31   | 1106.45                      | .014                        | 4820.96          | 15.05                |
| NON-HSC HOSPITAL TOTAL       | 70    | 254                                 |    | 409,445.18   | 1611.99                      | .019                        | 5849.22          | 30.43                |
| ACCOMMODATIONS               | 70    | 254                                 |    | 124,140.75   | 488.74                       | .019                        | 1773.44          | 9.23                 |
| ADMINISTRATIVE DAYS          | 0     | 0                                   |    | 6.69         | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   |    | 503.14       | .00                          | .000                        | .00              | .04                  |
| ALL OTHER ACCOM              | 70    | 254                                 |    | 123,630.92   | 486.74                       | .019                        | 1766.16          | 9.19                 |
| ANCILLARIES                  | 70    | 0                                   |    | 285,304.43   | .00                          | .000                        | 4075.78          | 21.20                |
| INPATIENT CROSSOVERS         | 44    | 217                                 |    | 33,323.45    | 153.56                       | .016                        | 757.35           | 2.48                 |
| ALL OTHER INPATIENT          | 0     | 0                                   |    | .26          | .00                          | .000                        | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 2,087 | 10,839                              |    | 320,555.03   | 29.57                        | .806                        | 153.60           | 23.82                |
| MEDICAL                      | 909   | 1,228                               |    | 65,709.09    | 53.51                        | .091                        | 72.29            | 4.88                 |
| SURGERY                      | 79    | 83                                  |    | 5,922.66     | 71.36                        | .006                        | 74.97            | .44                  |
| PATHOLOGY                    | 881   | 3,889                               |    | 47,524.68    | 12.22                        | .289                        | 53.94            | 3.53                 |
| RADIOLOGY                    | 561   | 852                                 |    | 75,017.51    | 88.05                        | .063                        | 133.72           | 5.58                 |
| ROOM USE                     | 1,097 | 1,523                               |    | 65,708.39    | 43.14                        | .113                        | 59.90            | 4.88                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 675   | 3,264                               |    | 60,672.70    | 18.59                        | .243                        | 89.89            | 4.51                 |
| @COUNTY HOSPITAL TOTAL       | 40    | 207                                 | \$ | 15,041.57    | \$ 72.66                     | .015                        | \$ 376.04        | \$ 1.12              |
| CO HOSPITAL INPATIENT TOTAL  | 2     | 8                                   |    | 7,719.02     | 964.88                       | .001                        | 3859.51          | .57                  |
| HSC HOSPITALS                | 2     | 8                                   |    | 7,719.02     | 964.88                       | .001                        | 3859.51          | .57                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   |    | .00          | .00                          | .000                        | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   |    | .00          | .00                          | .000                        | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   |    | .00          | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   |    | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   |    | .00          | .00                          | .000                        | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   |    | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   |    | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   |    | .00          | .00                          | .000                        | .00              | .00                  |
| CO HOSP OUTPATIENT TOTAL     | 38    | 199                                 |    | 7,322.55     | 36.80                        | .015                        | 192.70           | .54                  |
| MEDICAL                      | 19    | 28                                  |    | 1,658.72     | 59.24                        | .002                        | 87.30            | .12                  |
| SURGERY                      | 3     | 3                                   |    | 300.32       | 100.11                       | .000                        | 100.11           | .02                  |
| PATHOLOGY                    | 25    | 76                                  |    | 847.21       | 11.15                        | .006                        | 33.89            | .06                  |

|                            |    |    |          |       |      |        |     |
|----------------------------|----|----|----------|-------|------|--------|-----|
| RADIOLOGY                  | 15 | 21 | 1,725.58 | 82.17 | .002 | 115.04 | .13 |
| ROOM USE                   | 26 | 40 | 1,870.20 | 46.76 | .003 | 71.93  | .14 |
| CROSSOVERS/ALL OTH OUTPTNT | 14 | 31 | 920.52   | 29.69 | .002 | 65.75  | .07 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 627

MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

AMADOR COUNTY      SUMMARY OF SERVICES FOR CASH GRANT

|                              | 13,456 ELIGIBLES | USERS  | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|------------------|--------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL    | 2,149            | 11,286 | \$                                  | 950,762.66   | \$ 84.24                     | .839   | \$ 442.42        | \$ 70.66             |
| COMM HOSP INPATIENT TOTAL    | 152              | 646    |                                     | 637,530.18   | 986.89                       | .048   | 4194.28          | 47.38                |
| HSC HOSPITALS                | 40               | 175    |                                     | 194,761.29   | 1112.92                      | .013   | 4869.03          | 14.47                |
| NON-HSC HOSPITALS TOTAL      | 70               | 254    |                                     | 409,445.18   | 1611.99                      | .019   | 5849.22          | 30.43                |
| ACCOMMODATIONS               | 70               | 254    |                                     | 124,140.75   | 488.74                       | .019   | 1773.44          | 9.23                 |
| ADMINISTRATIVE DAYS          | 0                | 0      |                                     | 6.69         | .00                          | .000   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0                | 0      |                                     | 503.14       | .00                          | .000   | .00              | .04                  |
| ALL OTHER ACCOM              | 70               | 254    |                                     | 123,630.92   | 486.74                       | .019   | 1766.16          | 9.19                 |
| ANCILLARIES                  | 70               | 0      |                                     | 285,304.43   | .00                          | .000   | 4075.78          | 21.20                |
| INPATIENT CROSSOVERS         | 44               | 217    |                                     | 33,323.45    | 153.56                       | .016   | 757.35           | 2.48                 |
| ALL OTHER INPATIENT          | 0                | 0      |                                     | .26          | .00                          | .000   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 2,063            | 10,640 |                                     | 313,232.48   | 29.44                        | .791   | 151.83           | 23.28                |
| MEDICAL                      | 892              | 1,200  |                                     | 64,050.37    | 53.38                        | .089   | 71.81            | 4.76                 |
| SURGERY                      | 76               | 80     |                                     | 5,622.34     | 70.28                        | .006   | 73.98            | .42                  |
| PATHOLOGY                    | 861              | 3,813  |                                     | 46,677.47    | 12.24                        | .283   | 54.21            | 3.47                 |
| RADIOLOGY                    | 550              | 831    |                                     | 73,291.93    | 88.20                        | .062   | 133.26           | 5.45                 |
| ROOM USE                     | 1,075            | 1,483  |                                     | 63,838.19    | 43.05                        | .110   | 59.38            | 4.74                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 663              | 3,233  |                                     | 59,752.18    | 18.48                        | .240   | 90.12            | 4.44                 |
| @STATE HOSPITAL              | 0                | 0      | \$                                  | .00          | \$ .00                       | .000   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0                | 0      |                                     | .00          | .00                          | .000   | .00              | .00                  |
| DEVELOP. DISABLED            | 0                | 0      |                                     | .00          | .00                          | .000   | .00              | .00                  |
| @NURSING FACILITY            | 57               | 1,402  | \$                                  | 173,092.70   | \$ 123.46                    | .104   | \$ 3036.71       | \$ 12.86             |
| LEV A-INTERMEDIATE           | 0                | 0      |                                     | .00          | .00                          | .000   | .00              | .00                  |
| LEV B-REHAB MD               | 0                | 0      |                                     | .00          | .00                          | .000   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0                | 0      |                                     | .00          | .00                          | .000   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0                | 0      |                                     | .00          | .00                          | .000   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0                | 0      |                                     | .00          | .00                          | .000   | .00              | .00                  |
| LEV B-REGULAR                | 57               | 1,402  |                                     | 173,092.70   | 123.46                       | .104   | 3036.71          | 12.86                |
| @INTERMEDIATE CARE FACIL.-DD | 0                | 0      | \$                                  | .00          | \$ .00                       | .000   | \$ .00           | \$ .00               |
| ICF DDH                      | 0                | 0      |                                     | .00          | .00                          | .000   | .00              | .00                  |
| ICF DD                       | 0                | 0      |                                     | .00          | .00                          | .000   | .00              | .00                  |
| ICF DDN/DDCN                 | 0                | 0      |                                     | .00          | .00                          | .000   | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 35               | 212    | \$                                  | 46,678.50    | \$ 220.18                    | .016   | \$ 1333.67       | \$ 3.47              |
| HOSPITAL BASED               | 11               | 153    |                                     | 30,954.32    | 202.32                       | .011   | 2814.03          | 2.30                 |
| HEMODIALYSIS CENTER          | 25               | 59     |                                     | 15,724.18    | 266.51                       | .004   | 628.97           | 1.17                 |
| @REHABILITATION FACILITY     | 6                | 23     | \$                                  | 526.40       | \$ 22.89                     | .002   | \$ 87.73         | \$ .04               |
| HOSPITAL BASED               | 5                | 21     |                                     | 505.20       | 24.06                        | .002   | 101.04           | .04                  |
| INDEPENDENT FACILITY         | 1                | 2      |                                     | 21.20        | 10.60                        | .000   | 21.20            | .00                  |
| @LABORATORY FACILITY         | 342              | 1,039  | \$                                  | 15,344.31    | \$ 14.77                     | .077   | \$ 44.87         | \$ 1.14              |
| PATHOLOGY                    | 331              | 1,027  |                                     | 15,136.10    | 14.74                        | .076   | 45.73            | 1.12                 |
| XO AND OTHERS                | 11               | 12     |                                     | 208.21       | 17.35                        | .001   | 18.93            | .02                  |
| @ORGANIZED OUTPATIENT CLINIC | 1,933            | 3,120  | \$                                  | 339,851.11   | \$ 108.93                    | .232   | \$ 175.82        | \$ 25.26             |
| CLINIC                       | 16               | 63     |                                     | 886.53       | 14.07                        | .005   | 55.41            | .07                  |
| SURGICENTER                  | 19               | 135    |                                     | 4,859.55     | 36.00                        | .010   | 255.77           | .36                  |
| HEROIN DETOX CLINIC          | 2                | 22     |                                     | 241.49       | 10.98                        | .002   | 120.75           | .02                  |
| RURAL HEALTH CLINIC          | 1,902            | 2,900  |                                     | 333,863.54   | 115.13                       | .216   | 175.53           | 24.81                |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 628

| 13,456 ELIGIBLES           | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS       | 1,463 | 98,798                              | \$ 304,278.40 | \$ 3.08                      | 7.342  | \$ 207.98        | \$ 22.61             |
| DURABLE MED. EQUIP.        | 92    | 305                                 | 52,555.48     | 172.31                       | .023   | 571.26           | 3.91                 |
| BLOOD BANK                 | 1     | 20                                  | 306.00        | 15.30                        | .001   | 306.00           | .02                  |
| HEARING AID DISPENSERS     | 11    | 19                                  | 6,143.47      | 323.34                       | .001   | 558.50           | .46                  |
| MEDICAL TRANSPORTATION     | 205   | 15,019                              | 52,075.75     | 3.47                         | 1.116  | 254.03           | 3.87                 |
| AMBULANCES/AIR TRANS       | 98    | 1,817                               | 20,460.30     | 11.26                        | .135   | 208.78           | 1.52                 |
| OTHER TRANS                | 31    | 11,439                              | 23,509.76     | 2.06                         | .850   | 758.38           | 1.75                 |
| OTHER SERVICES             | 88    | 1,763                               | 8,105.69      | 4.60                         | .131   | 92.11            | .60                  |
| ACUPUNCTURE                | 11    | 46                                  | 789.36        | 17.16                        | .003   | 71.76            | .06                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| GENETIC DISEASE TESTING    | 16    | 16                                  | 1,076.00      | 67.25                        | .001   | 67.25            | .08                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 118   | 2,438                               | 90,111.72     | 36.96                        | .181   | 763.66           | 6.70                 |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| OPTICIAN                   | 201   | 447                                 | 4,786.04      | 10.71                        | .033   | 23.81            | .36                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| PORTABLE X-RAY             | 1     | 2                                   | 59.36         | 29.68                        | .000   | 59.36            | .00                  |
| PROSTHETIST/ORTHOTISTS     | 21    | 43                                  | 7,083.49      | 164.73                       | .003   | 337.31           | .53                  |
| PROSTHETICS                | 12    | 33                                  | 6,449.65      | 195.44                       | .002   | 537.47           | .48                  |
| ORTHOTICS                  | 9     | 10                                  | 633.84        | 63.38                        | .001   | 70.43            | .05                  |
| PSYCHOLOGIST               | 1     | 9                                   | 550.79        | 61.20                        | .001   | 550.79           | .04                  |
| SPEECH AND AUDIOLOGY       | 25    | 76                                  | 4,566.17      | 60.08                        | .006   | 182.65           | .34                  |
| HOSPICE SERVICES           | 5     | 43                                  | 4,858.34      | 112.98                       | .003   | 971.67           | .36                  |
| NONINST BIRTHING CENTERS   | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES   | 444   | 5,989                               | 32,424.27     | 5.41                         | .445   | 73.03            | 2.41                 |
| EPSDT SUPPLEMENTAL SERVICE | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| RESPIRATORY CARE PRACT.    | 1     | 1                                   | 29.48         | 29.48                        | .000   | 29.48            | .00                  |
| PED SUBACUTE REHAB/WEANING | 0     | 0                                   | .00           | .00                          | .000   | .00              | .00                  |

|                               |       |        |    |            |    |       |       |            |         |
|-------------------------------|-------|--------|----|------------|----|-------|-------|------------|---------|
| ALL OTHER PROVIDERS           | 454   | 74,326 |    | 46,892.16  |    | .63   | 5.524 | 103.29     | 3.48    |
| @CALIF. CHILDREN SERVICES*    | 100   | 4,228  | \$ | 127,815.50 | \$ | 30.23 | .314  | \$ 1278.16 | \$ 9.50 |
| @XOVER EXCLUDING STATE HOSP** | 1,081 | 12,052 | \$ | 129,139.96 | \$ | 10.72 | .896  | \$ 119.46  | \$ 9.60 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |                 |
|----------------------------|---|-----------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 629        |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03        |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS  | AID CODES 47 69 |

| 223 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE        |                  | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG | COST PER<br>USER |                      |
| @TOTAL, ALL PROVIDERS      | 113   | 350                                 | \$ 22,624.46 | \$ 64.64                     | 1.570                  | \$ 200.22        | \$ 101.45            |
| @PHYSICIANS SERVICES       | 19    | 51                                  | \$ 1,182.92  | \$ 23.19                     | .229                   | \$ 62.26         | \$ 5.30              |
| OUTPATIENT VISITS          | 13    | 15                                  | 557.29       | 37.15                        | .067                   | 42.87            | 2.50                 |
| OFFICE VISITS              | 9     | 11                                  | 380.51       | 34.59                        | .049                   | 42.28            | 1.71                 |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 1     | 1                                   | 68.35        | 68.35                        | .004                   | 68.35            | .31                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT           | 3     | 3                                   | 108.43       | 36.14                        | .013                   | 36.14            | .49                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | 8.94         | .00                          | .000                   | .00              | .04                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | 8.94         | .00                          | .000                   | .00              | .04                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 1     | 1                                   | 9.22         | 9.22                         | .004                   | 9.22             | .04                  |
| RADIOLOGY                  | 3     | 3                                   | 25.71        | 8.57                         | .013                   | 8.57             | .12                  |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 1     | 1                                   | 55.00        | 55.00                        | .004                   | 55.00            | .25                  |
| OTHER SERVICES/ALL X-OVERS | 5     | 31                                  | 526.76       | 16.99                        | .139                   | 105.35           | 2.36                 |
| @PHARMACY                  | 58    | 129                                 | \$ 13,470.59 | \$ 104.42                    | .578                   | \$ 232.25        | \$ 60.41             |
| PRESCRIPTION DRUGS         | 57    | 126                                 | 13,441.94    | 106.68                       | .565                   | 235.82           | 60.28                |
| SNF/ICF                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENTS                | 57    | 126                                 | 13,441.94    | 106.68                       | .565                   | 235.82           | 60.28                |
| MEDICAL SUPPLIES           | 3     | 3                                   | 28.65        | 9.55                         | .013                   | 9.55             | .13                  |
| @DENTIST                   | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS - DIAGNOSTIC        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ORAL SURGERY               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DRUGS                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIA                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PERIODONTICS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ENDODONTICS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESTORATIVE DENTISTRY      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETICS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |   |                                     |              |                              |                             |                  |                      |
|------------------------------|---|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| DENTURES, STAYPLATES         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SPACE MAINTAINERS            | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| MAXILLOFACIAL SERVICES       | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| FRACTURES, DISLOCATIONS      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ORTHODONTIC SERVICES         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER SERVICES           | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                                     |              |                              |                             | PAGE             | 630                  |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |                                     |              |                              |                             |                  | 01/17/03             |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS  |                                     |              |                              |                             | AID CODES 47 69  |                      |
|                              |   |                                     |              |                              | ----- MONTHLY AVERAGE ----- |                  |                      |
| 223 ELIGIBLES                | USERS   | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| EYE APPLIANCES               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @CHIROPRACTOR                | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| VISITS                       | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER SERVICES               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @PODIATRIST                  | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SURGERY/ANES.                | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| RADIO./PATHOLOGY             | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER                        | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @HOME HEALTH AGENCY          | 2   | 4                                   | \$ 254.71    | \$ 63.68                     | .018                        | \$ 127.36        | \$ 1.14              |
| NURSE ANESTHESIST            | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 64  | 139                                 | \$ 4,311.51  | \$ 31.02                     | .623                        | \$ 67.37         | \$ 19.33             |
| HOSP INPATIENT TOTAL         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HSC HOSPITALS                | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ACCOMMODATIONS               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER ACCOM              | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANCILLARIES                  | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER INPATIENT          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 64  | 139                                 | 4,311.51     | 31.02                        | .623                        | 67.37            | 19.33                |
| MEDICAL                      | 54  | 86                                  | 2,977.51     | 34.62                        | .386                        | 55.14            | 13.35                |
| SURGERY                      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                    | 8   | 15                                  | 183.67       | 12.24                        | .067                        | 22.96            | .82                  |
| RADIOLOGY                    | 3   | 3                                   | 72.59        | 24.20                        | .013                        | 24.20            | .33                  |
| ROOM USE                     | 25  | 27                                  | 888.57       | 32.91                        | .121                        | 35.54            | 3.98                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 7   | 8                                   | 189.17       | 23.65                        | .036                        | 27.02            | .85                  |
| @COUNTY HOSPITAL TOTAL       | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| CO HOSPITAL INPATIENT TOTAL  | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HSC HOSPITALS                | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ACCOMMODATIONS               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER ACCOM              | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANCILLARIES                  | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |

|                              |   |                                     |              |                              |                             |                  |                      |
|------------------------------|---|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| INPATIENT CROSSOVERS         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER INPATIENT          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| CO HOSP OUTPATIENT TOTAL     | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| MEDICAL                      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SURGERY                      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                    | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| RADIOLOGY                    | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ROOM USE                     | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                                     |              |                              |                             | PAGE             | 631                  |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |                                     |              |                              |                             | 01/17/03         |                      |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS  |                                     |              |                              |                             | AID CODES 47 69  |                      |
|                              |   |                                     |              |                              | ----- MONTHLY AVERAGE ----- |                  |                      |
| 223 ELIGIBLES                | USERS   | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL    | 64  | 139                                 | \$ 4,311.51  | \$ 31.02                     | .623                        | \$ 67.37         | \$ 19.33             |
| COMM HOSP INPATIENT TOTAL    | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HSC HOSPITALS                | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ACCOMMODATIONS               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER ACCOM              | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANCILLARIES                  | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER INPATIENT          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 64  | 139                                 | 4,311.51     | 31.02                        | .623                        | 67.37            | 19.33                |
| MEDICAL                      | 54  | 86                                  | 2,977.51     | 34.62                        | .386                        | 55.14            | 13.35                |
| SURGERY                      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                    | 8   | 15                                  | 183.67       | 12.24                        | .067                        | 22.96            | .82                  |
| RADIOLOGY                    | 3   | 3                                   | 72.59        | 24.20                        | .013                        | 24.20            | .33                  |
| ROOM USE                     | 25  | 27                                  | 888.57       | 32.91                        | .121                        | 35.54            | 3.98                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 7   | 8                                   | 189.17       | 23.65                        | .036                        | 27.02            | .85                  |
| @STATE HOSPITAL              | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| DEVELOP. DISABLED            | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @NURSING FACILITY            | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-REHAB MD               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-REGULAR                | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| ICF DDH                      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ICF DD                       | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ICF DDN/DDCN                 | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HEMODIALYSIS CENTER          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @REHABILITATION FACILITY     | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INDEPENDENT FACILITY         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @LABORATORY FACILITY         | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| PATHOLOGY                    | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| XO AND OTHERS                | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |

|                              |    |    |    |          |    |        |      |    |        |    |       |
|------------------------------|----|----|----|----------|----|--------|------|----|--------|----|-------|
| @ORGANIZED OUTPATIENT CLINIC | 17 | 21 | \$ | 3,160.64 | \$ | 150.51 | .094 | \$ | 185.92 | \$ | 14.17 |
| CLINIC                       | 0  | 0  |    | .00      |    | .000   |      |    | .00    |    | .00   |
| SURGICENTER                  | 0  | 0  |    | .00      |    | .000   |      |    | .00    |    | .00   |
| HEROIN DETOX CLINIC          | 0  | 0  |    | .00      |    | .000   |      |    | .00    |    | .00   |
| RURAL HEALTH CLINIC          | 17 | 21 |    | 3,160.64 |    | 150.51 | .094 |    | 185.92 |    | 14.17 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 632  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

| 223 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS          | 3     | 6                                   | \$ 244.09    | \$ 40.68                     | .027                                      | \$ 81.36         | \$ 1.09              |
| DURABLE MED. EQUIP.           | 3     | 6                                   | 244.09       | 40.68                        | .027                                      | 81.36            | 1.09                 |
| BLOOD BANK                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HEARING AID DISPENSERS        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| MEDICAL TRANSPORTATION        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| AMBULANCES/AIR TRANS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER TRANS                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACUPUNCTURE                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| GENETIC DISEASE TESTING       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OPTICIAN                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PHYSICAL THERAPIST            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PORTABLE X-RAY                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PROSTHETICS                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ORTHOTICS                     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PSYCHOLOGIST                  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SPEECH AND AUDIOLOGY          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HOSPICE SERVICES              | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NONINST BIRTHING CENTERS      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LOCAL EDUCATION AGENCIES      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RESPIRATORY CARE PRACT.       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER PROVIDERS           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @CALIF. CHILDREN SERVICES*    | 7     | 16                                  | \$ 688.10    | \$ 43.01                     | .072                                      | \$ 98.30         | \$ 3.09              |
| @XOVER EXCLUDING STATE HOSP** | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |                    |
|----------------------------|---|--------------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 633           |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03           |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT                                       | AID CODES 44 48 49 |

| 511 ELIGIBLES         | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-----------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 249   | 1,532                               | \$ 216,920.28 | \$ 141.59                    | 2.998                                     | \$ 871.17        | \$ 424.50            |
| @PHYSICIANS SERVICES  | 141   | 586                                 | \$ 38,526.70  | \$ 65.75                     | 1.147                                     | \$ 273.24        | \$ 75.39             |
| OUTPATIENT VISITS     | 63    | 140                                 | 7,930.44      | 56.65                        | .274                                      | 125.88           | 15.52                |
| OFFICE VISITS         | 13    | 13                                  | 720.70        | 55.44                        | .025                                      | 55.44            | 1.41                 |
| HOME VISITS           | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| EMERGENCY ROOM        | 4     | 4                                   | 313.13        | 78.28                        | .008                                      | 78.28            | .61                  |



|                            |    |     |             |          |      |           |          |
|----------------------------|----|-----|-------------|----------|------|-----------|----------|
| PREVENTIVE CARE            | 0  | 0   | .00         | .00      | .000 | .00       | .00      |
| OB VISITS/COMPRE PERI      | 52 | 123 | 6,896.61    | 56.07    | .241 | 132.63    | 13.50    |
| OTHER OUTPATIENT           | 0  | 0   | .00         | .00      | .000 | .00       | .00      |
| INPATIENT VISITS           | 26 | 71  | 5,530.76    | 77.90    | .139 | 212.72    | 10.82    |
| HOSPITAL VISITS            | 24 | 40  | 1,859.04    | 46.48    | .078 | 77.46     | 3.64     |
| CRITICAL CARE              | 2  | 31  | 3,671.72    | 118.44   | .061 | 1835.86   | 7.19     |
| SNF/ICF/TRANS IP CARE      | 0  | 0   | .00         | .00      | .000 | .00       | .00      |
| OPHTHALMOLOGICAL SERVICES  | 0  | 0   | .00         | .00      | .000 | .00       | .00      |
| EXAMINATIONS               | 0  | 0   | .00         | .00      | .000 | .00       | .00      |
| SERVICES AND MATERIALS     | 0  | 0   | .00         | .00      | .000 | .00       | .00      |
| INPATIENT HOSPITAL SURGERY | 40 | 217 | 17,647.50   | 81.32    | .425 | 441.19    | 34.54    |
| PRINCIPAL SURGEON          | 24 | 25  | 14,218.33   | 568.73   | .049 | 592.43    | 27.82    |
| ASSISTANT SURGEON          | 3  | 3   | 559.50      | 186.50   | .006 | 186.50    | 1.09     |
| ANESTHESIOLOGIST           | 16 | 189 | 2,869.67    | 15.18    | .370 | 179.35    | 5.62     |
| OUTPATIENT SURGERY         | 14 | 34  | 1,937.96    | 57.00    | .067 | 138.43    | 3.79     |
| PRINCIPAL SURGEON          | 12 | 25  | 1,569.71    | 62.79    | .049 | 130.81    | 3.07     |
| ASSISTANT SURGEON          | 1  | 1   | 186.50      | 186.50   | .002 | 186.50    | .36      |
| ANESTHESIOLOGIST           | 3  | 8   | 181.75      | 22.72    | .016 | 60.58     | .36      |
| DIALYSIS                   | 0  | 0   | .00         | .00      | .000 | .00       | .00      |
| PATHOLOGY                  | 11 | 19  | 361.18      | 19.01    | .037 | 32.83     | .71      |
| RADIOLOGY                  | 46 | 57  | 2,692.93    | 47.24    | .112 | 58.54     | 5.27     |
| PSYCHIATRY                 | 0  | 0   | .00         | .00      | .000 | .00       | .00      |
| IMMUNIZATION AND INJECTION | 5  | 14  | 132.29      | 9.45     | .027 | 26.46     | .26      |
| OTHER SERVICES/ALL X-OVERS | 27 | 34  | 2,293.64    | 67.46    | .067 | 84.95     | 4.49     |
| @PHARMACY                  | 62 | 166 | \$ 7,567.68 | \$ 45.59 | .325 | \$ 122.06 | \$ 14.81 |
| PRESCRIPTION DRUGS         | 61 | 108 | 6,942.62    | 64.28    | .211 | 113.81    | 13.59    |
| SNF/ICF                    | 0  | 0   | .00         | .00      | .000 | .00       | .00      |
| OUTPATIENTS                | 61 | 108 | 6,942.62    | 64.28    | .211 | 113.81    | 13.59    |
| MEDICAL SUPPLIES           | 3  | 58  | 625.06      | 10.78    | .114 | 208.35    | 1.22     |
| @DENTIST                   | 3  | 12  | \$ 665.00   | \$ 55.42 | .023 | \$ 221.67 | \$ 1.30  |
| VISITS - DIAGNOSTIC        | 0  | 0   | .00         | .00      | .000 | .00       | .00      |
| ORAL SURGERY               | 2  | 3   | 45.00       | 15.00    | .006 | 22.50     | .09      |

|                         |   |   |        |        |      |        |     |
|-------------------------|---|---|--------|--------|------|--------|-----|
| DRUGS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00 |
| ANESTHESIA              | 0 | 0 | .00    | .00    | .000 | .00    | .00 |
| PERIODONTICS            | 0 | 0 | .00    | .00    | .000 | .00    | .00 |
| ENDODONTICS             | 1 | 1 | 330.00 | 330.00 | .002 | 330.00 | .65 |
| RESTORATIVE DENTISTRY   | 2 | 3 | 175.00 | 58.33  | .006 | 87.50  | .34 |
| PROSTHETICS             | 0 | 0 | .00    | .00    | .000 | .00    | .00 |
| DENTURES, STAYPLATES    | 1 | 5 | 115.00 | 23.00  | .010 | 115.00 | .23 |
| SPACE MAINTAINERS       | 0 | 0 | .00    | .00    | .000 | .00    | .00 |
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00    | .00    | .000 | .00    | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00    | .00    | .000 | .00    | .00 |
| ORTHODONTIC SERVICES    | 0 | 0 | .00    | .00    | .000 | .00    | .00 |
| ALL OTHER SERVICES      | 0 | 0 | .00    | .00    | .000 | .00    | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      634  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

| 511 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00        | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00        | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00        | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 3     | 11                                  | \$ 685.16     | \$ 62.29                     | .022                   | \$ 228.39        | \$ 1.34              |
| NURSE ANESTHESIST            | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| NURSE MIDWIFE                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| @TOTAL HOSPITAL              | 112   | 575                                 | \$ 164,856.51 | \$ 286.71                    | 1.125                  | \$ 1471.93       | \$ 322.62            |
| HOSP INPATIENT TOTAL         | 30    | 155                                 | 155,493.07    | 1003.18                      | .303                   | 5183.10          | 304.29               |
| HSC HOSPITALS                | 7     | 63                                  | 64,105.08     | 1017.54                      | .123                   | 9157.87          | 125.45               |
| NON-HSC HOSPITAL TOTAL       | 23    | 92                                  | 91,387.99     | 993.35                       | .180                   | 3973.39          | 178.84               |
| ACCOMMODATIONS               | 23    | 92                                  | 37,065.09     | 402.88                       | .180                   | 1611.53          | 72.53                |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 23    | 92                                  | 37,065.09     | 402.88                       | .180                   | 1611.53          | 72.53                |
| ANCILLARIES                  | 23    | 0                                   | 54,322.90     | .00                          | .000                   | 2361.87          | 106.31               |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 100   | 420                                 | 9,363.44      | 22.29                        | .822                   | 93.63            | 18.32                |
| MEDICAL                      | 9     | 10                                  | 605.85        | 60.59                        | .020                   | 67.32            | 1.19                 |
| SURGERY                      | 3     | 3                                   | 194.94        | 64.98                        | .006                   | 64.98            | .38                  |
| PATHOLOGY                    | 69    | 248                                 | 2,885.20      | 11.63                        | .485                   | 41.81            | 5.65                 |
| RADIOLOGY                    | 16    | 16                                  | 1,173.00      | 73.31                        | .031                   | 73.31            | 2.30                 |
| ROOM USE                     | 34    | 62                                  | 3,515.32      | 56.70                        | .121                   | 103.39           | 6.88                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 21    | 81                                  | 989.13        | 12.21                        | .159                   | 47.10            | 1.94                 |
| @COUNTY HOSPITAL TOTAL       | 1     | 6                                   | \$ 100.49     | \$ 16.75                     | .012                   | \$ 100.49        | \$ .20               |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |

|                            |   |   |        |       |      |        |     |
|----------------------------|---|---|--------|-------|------|--------|-----|
| NON-HSC HOSPITALS TOTAL    | 0 | 0 | .00    | .00   | .000 | .00    | .00 |
| ACCOMMODATIONS             | 0 | 0 | .00    | .00   | .000 | .00    | .00 |
| ADMINISTRATIVE DAYS        | 0 | 0 | .00    | .00   | .000 | .00    | .00 |
| TRANSITIONAL IP CARE       | 0 | 0 | .00    | .00   | .000 | .00    | .00 |
| ALL OTHER ACCOM            | 0 | 0 | .00    | .00   | .000 | .00    | .00 |
| ANCILLARIES                | 0 | 0 | .00    | .00   | .000 | .00    | .00 |
| INPATIENT CROSSOVERS       | 0 | 0 | .00    | .00   | .000 | .00    | .00 |
| ALL OTHER INPATIENT        | 0 | 0 | .00    | .00   | .000 | .00    | .00 |
| CO HOSP OUTPATIENT TOTAL   | 1 | 6 | 100.49 | 16.75 | .012 | 100.49 | .20 |
| MEDICAL                    | 0 | 0 | 54.68  | .00   | .000 | .00    | .11 |
| SURGERY                    | 0 | 0 | .00    | .00   | .000 | .00    | .00 |
| PATHOLOGY                  | 1 | 6 | 45.81  | 7.64  | .012 | 45.81  | .09 |
| RADIOLOGY                  | 0 | 0 | .00    | .00   | .000 | .00    | .00 |
| ROOM USE                   | 0 | 0 | .00    | .00   | .000 | .00    | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00    | .00   | .000 | .00    | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      635  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

| 511 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|
|                              |       |                                     |               |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL    | 111   | 569                                 | \$ 164,756.02 | \$ 289.55                    | 1.114                       | \$ 1484.29       | \$ 322.42            |
| COMM HOSP INPATIENT TOTAL    | 30    | 155                                 | 155,493.07    | 1003.18                      | .303                        | 5183.10          | 304.29               |
| HSC HOSPITALS                | 7     | 63                                  | 64,105.08     | 1017.54                      | .123                        | 9157.87          | 125.45               |
| NON-HSC HOSPITALS TOTAL      | 23    | 92                                  | 91,387.99     | 993.35                       | .180                        | 3973.39          | 178.84               |
| ACCOMMODATIONS               | 23    | 92                                  | 37,065.09     | 402.88                       | .180                        | 1611.53          | 72.53                |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| ALL OTHER ACCOM              | 23    | 92                                  | 37,065.09     | 402.88                       | .180                        | 1611.53          | 72.53                |
| ANCILLARIES                  | 23    | 0                                   | 54,322.90     | .00                          | .000                        | 2361.87          | 106.31               |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 99    | 414                                 | 9,262.95      | 22.37                        | .810                        | 93.57            | 18.13                |
| MEDICAL                      | 9     | 10                                  | 551.17        | 55.12                        | .020                        | 61.24            | 1.08                 |
| SURGERY                      | 3     | 3                                   | 194.94        | 64.98                        | .006                        | 64.98            | .38                  |
| PATHOLOGY                    | 68    | 242                                 | 2,839.39      | 11.73                        | .474                        | 41.76            | 5.56                 |
| RADIOLOGY                    | 16    | 16                                  | 1,173.00      | 73.31                        | .031                        | 73.31            | 2.30                 |
| ROOM USE                     | 34    | 62                                  | 3,515.32      | 56.70                        | .121                        | 103.39           | 6.88                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 21    | 81                                  | 989.13        | 12.21                        | .159                        | 47.10            | 1.94                 |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00        | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00        | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| LEV B-REGULAR                | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00        | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| ICF DDH                      | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| ICF DD                       | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| ICF DDN/DDCN                 | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 0     | 0                                   | \$ .00        | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| HEMODIALYSIS CENTER          | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |

|                              |   |    |    |          |    |        |      |    |        |    |          |
|------------------------------|---|----|----|----------|----|--------|------|----|--------|----|----------|
| @REHABILITATION FACILITY     | 0   | 0  | \$ | .00      | \$ | .00    | .000 | \$ | .00    | \$ | .00      |
| HOSPITAL BASED               | 0   | 0  |    | .00      |    | .00    | .000 |    | .00    |    | .00      |
| INDEPENDENT FACILITY         | 0   | 0  |    | .00      |    | .00    | .000 |    | .00    |    | .00      |
| @LABORATORY FACILITY         | 46  | 85 | \$ | 1,675.53 | \$ | 19.71  | .166 | \$ | 36.42  | \$ | 3.28     |
| PATHOLOGY                    | 45  | 84 |    | 1,616.03 |    | 19.24  | .164 |    | 35.91  |    | 3.16     |
| XO AND OTHERS                | 1   | 1  |    | 59.50    |    | 59.50  | .002 |    | 59.50  |    | .12      |
| @ORGANIZED OUTPATIENT CLINIC | 5   | 7  | \$ | 758.59   | \$ | 108.37 | .014 | \$ | 151.72 | \$ | 1.48     |
| CLINIC                       | 1   | 1  |    | 65.92    |    | 65.92  | .002 |    | 65.92  |    | .13      |
| SURGICENTER                  | 0   | 0  |    | .00      |    | .00    | .000 |    | .00    |    | .00      |
| HEROIN DETOX CLINIC          | 0   | 0  |    | .00      |    | .00    | .000 |    | .00    |    | .00      |
| RURAL HEALTH CLINIC          | 4   | 6  |    | 692.67   |    | 115.45 | .012 |    | 173.17 |    | 1.36     |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |    |    |          |    |        |      |    |        |    | PAGE 636 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |    |    |          |    |        |      |    |        |    | 01/17/03 |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49                    |    |    |          |    |        |      |    |        |    |          |

|                               |       |                                     |              |                              |                        | ----- MONTHLY AVERAGE ----- |                      |  |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 511 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER            | COST PER<br>ELIGIBLE |  |
| @ALL OTHER PROVIDERS          | 21    | 90                                  | \$ 2,185.11  | \$ 24.28                     | .176                   | \$ 104.05                   | \$ 4.28              |  |
| DURABLE MED. EQUIP.           | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| BLOOD BANK                    | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| HEARING AID DISPENSERS        | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| MEDICAL TRANSPORTATION        | 2     | 70                                  | 385.11       | 5.50                         | .137                   | 192.56                      | .75                  |  |
| AMBULANCES/AIR TRANS          | 2     | 70                                  | 385.11       | 5.50                         | .137                   | 192.56                      | .75                  |  |
| OTHER TRANS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| OTHER SERVICES                | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| ACUPUNCTURE                   | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| GENETIC DISEASE TESTING       | 19    | 20                                  | 1,800.00     | 90.00                        | .039                   | 94.74                       | 3.52                 |  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| OPTICIAN                      | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| PHYSICAL THERAPIST            | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| PORTABLE X-RAY                | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| PROSTHETIST/ORTHOTISTS        | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| PROSTHETICS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| ORTHOTICS                     | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| PSYCHOLOGIST                  | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| SPEECH AND AUDIOLOGY          | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| HOSPICE SERVICES              | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| NONINST BIRTHING CENTERS      | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| LOCAL EDUCATION AGENCIES      | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| RESPIRATORY CARE PRACT.       | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| ALL OTHER PROVIDERS           | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| @CALIF. CHILDREN SERVICES*    | 2     | 121                                 | \$ 8,144.88  | \$ 67.31                     | .237                   | \$ 4072.44                  | \$ 15.94             |  |
| @XOVER EXCLUDING STATE HOSP** | 0     | 0                                   | .00          | \$ .00                       | .000                   | \$ .00                      | \$ .00               |  |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |  |  |  |  |  |  |  |  |  |          |
|----------------------------|---|--|--|--|--|--|--|--|--|--|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |  |  |  |  |  |  |  |  |  | PAGE 637 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |  |  |  |  |  |  |  |  |  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76                        |  |  |  |  |  |  |  |  |  |          |

| 01 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|

|                            |   |   |    |       |    |     |      |    |     |    |       |
|----------------------------|---|---|----|-------|----|-----|------|----|-----|----|-------|
| @TOTAL, ALL PROVIDERS      | 0 | 0 | \$ | 61.42 | \$ | .00 | .000 | \$ | .00 | \$ | 61.42 |
| @PHYSICIANS SERVICES       | 0 | 0 | \$ | .00   | \$ | .00 | .000 | \$ | .00 | \$ | .00   |
| OUTPATIENT VISITS          | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| OFFICE VISITS              | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| HOME VISITS                | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| EMERGENCY ROOM             | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| PREVENTIVE CARE            | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| OB VISITS/COMPRE PERI      | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| OTHER OUTPATIENT           | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| INPATIENT VISITS           | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| HOSPITAL VISITS            | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| CRITICAL CARE              | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| SNF/ICF/TRANS IP CARE      | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| OPHTHALMOLOGICAL SERVICES  | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| EXAMINATIONS               | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| SERVICES AND MATERIALS     | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| INPATIENT HOSPITAL SURGERY | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| PRINCIPAL SURGEON          | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| ASSISTANT SURGEON          | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| ANESTHESIOLOGIST           | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| OUTPATIENT SURGERY         | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| PRINCIPAL SURGEON          | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| ASSISTANT SURGEON          | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| ANESTHESIOLOGIST           | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| DIALYSIS                   | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| PATHOLOGY                  | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| RADIOLOGY                  | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| PSYCHIATRY                 | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| IMMUNIZATION AND INJECTION | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| @PHARMACY                  | 0 | 0 | \$ | .00   | \$ | .00 | .000 | \$ | .00 | \$ | .00   |
| PRESCRIPTION DRUGS         | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| SNF/ICF                    | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| OUTPATIENTS                | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| MEDICAL SUPPLIES           | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| @DENTIST                   | 0 | 0 | \$ | .00   | \$ | .00 | .000 | \$ | .00 | \$ | .00   |
| VISITS - DIAGNOSTIC        | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| ORAL SURGERY               | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| DRUGS                      | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| ANESTHESIA                 | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| PERIODONTICS               | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| ENDODONTICS                | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| RESTORATIVE DENTISTRY      | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| PROSTHETICS                | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| DENTURES, STAYPLATES       | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| SPACE MAINTAINERS          | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| MAXILLOFACIAL SERVICES     | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| FRACTURES, DISLOCATIONS    | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| ORTHODONTIC SERVICES       | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| ALL OTHER SERVICES         | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      638  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

AMADOR COUNTY      SUMMARY OF SERVICES FOR      60-DAY POST PARTUM PROGRAM

AID CODE 76

| 01 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|

----- MONTHLY AVERAGE -----

|                              |   |   |    |       |    |     |      |    |     |    |       |
|------------------------------|---|---|----|-------|----|-----|------|----|-----|----|-------|
| @OPTOMETRIST                 | 0 | 0 | \$ | .00   | \$ | .00 | .000 | \$ | .00 | \$ | .00   |
| DIAGNOSTIC AND ANC. PROCED   | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| EYE APPLIANCES               | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| OTHER OPTOMETRIC SERVICES    | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| @CHIROPRACTOR                | 0 | 0 | \$ | .00   | \$ | .00 | .000 | \$ | .00 | \$ | .00   |
| VISITS                       | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| OTHER SERVICES               | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| @PODIATRIST                  | 0 | 0 | \$ | .00   | \$ | .00 | .000 | \$ | .00 | \$ | .00   |
| MEDICINE/INJECTIONS          | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| SURGERY/ANES.                | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| RADIO./PATHOLOGY             | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| OTHER                        | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| @HOME HEALTH AGENCY          | 0 | 0 | \$ | .00   | \$ | .00 | .000 | \$ | .00 | \$ | .00   |
| NURSE ANESTHESIST            | 0 | 0 | \$ | .00   | \$ | .00 | .000 | \$ | .00 | \$ | .00   |
| NURSE MIDWIFE                | 0 | 0 | \$ | .00   | \$ | .00 | .000 | \$ | .00 | \$ | .00   |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00   | \$ | .00 | .000 | \$ | .00 | \$ | .00   |
| FAMILY NURSE PRACTITIONER    | 0 | 0 | \$ | .00   | \$ | .00 | .000 | \$ | .00 | \$ | .00   |
| @TOTAL HOSPITAL              | 0 | 0 | \$ | 61.42 | \$ | .00 | .000 | \$ | .00 | \$ | 61.42 |
| HOSP INPATIENT TOTAL         | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| HSC HOSPITALS                | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| NON-HSC HOSPITAL TOTAL       | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| ACCOMMODATIONS               | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| ADMINISTRATIVE DAYS          | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| TRANSITIONAL IP CARE         | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| ALL OTHER ACCOM              | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| ANCILLARIES                  | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| INPATIENT CROSSOVERS         | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| ALL OTHER INPATIENT          | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| HOSP OUTPATIENT TOTAL        | 0 | 0 |    | 61.42 |    | .00 | .000 |    | .00 |    | 61.42 |
| MEDICAL                      | 0 | 0 |    | 15.66 |    | .00 | .000 |    | .00 |    | 15.66 |
| SURGERY                      | 0 | 0 |    | .00   |    | .00 | .000 |    | .00 |    | .00   |
| PATHOLOGY                    | 0 | 0 |    | 5.82  |    | .00 | .000 |    | .00 |    | 5.82  |

|                             |   |   |        |        |      |        |             |
|-----------------------------|---|---|--------|--------|------|--------|-------------|
| RADIOLOGY                   | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| ROOM USE                    | 0   | 0 | 22.22  | .00    | .000 | .00    | 22.22       |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 0 | 17.72  | .00    | .000 | .00    | 17.72       |
| @COUNTY HOSPITAL TOTAL      | 0   | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00      |
| CO HOSPITAL INPATIENT TOTAL | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| HSC HOSPITALS               | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| NON-HSC HOSPITALS TOTAL     | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| ACCOMMODATIONS              | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| ADMINISTRATIVE DAYS         | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| TRANSITIONAL IP CARE        | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| ALL OTHER ACCOM             | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| ANCILLARIES                 | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| INPATIENT CROSSOVERS        | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| ALL OTHER INPATIENT         | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| CO HOSP OUTPATIENT TOTAL    | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| MEDICAL                     | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| SURGERY                     | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| PATHOLOGY                   | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| RADIOLOGY                   | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| ROOM USE                    | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |   |        |        |      |        | PAGE 639    |
| MOP024                      | FEE-FOR-SERVICE/DENTAL  |   |        |        |      |        | 01/17/03    |
| AMADOR COUNTY               | SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM                                    |   |        |        |      |        | AID CODE 76 |

| 01 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL    | 0     | 0                                   | \$ 61.42     | \$ .00                       | .000                   | \$ .00           | \$ 61.42             |
| COMM HOSP INPATIENT TOTAL    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 0     | 0                                   | 61.42        | .00                          | .000                   | .00              | 61.42                |
| MEDICAL                      | 0     | 0                                   | 15.66        | .00                          | .000                   | .00              | 15.66                |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | 5.82         | .00                          | .000                   | .00              | 5.82                 |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | 22.22        | .00                          | .000                   | .00              | 22.22                |
| CROSSOVERS/ALL OTH OUTPTNT   | 0     | 0                                   | 17.72        | .00                          | .000                   | .00              | 17.72                |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |

|                              |   |   |        |        |      |        |             |
|------------------------------|---|---|--------|--------|------|--------|-------------|
| ICF DDH                      | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| ICF DD                       | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| ICF DDN/DDCN                 | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| @HEMODIALYSIS TOTAL          | 0   | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00      |
| HOSPITAL BASED               | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| HEMODIALYSIS CENTER          | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| @REHABILITATION FACILITY     | 0   | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00      |
| HOSPITAL BASED               | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| INDEPENDENT FACILITY         | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| @LABORATORY FACILITY         | 0   | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00      |
| PATHOLOGY                    | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| XO AND OTHERS                | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| @ORGANIZED OUTPATIENT CLINIC | 0   | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00      |
| CLINIC                       | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| SURGICENTER                  | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| HEROIN DETOX CLINIC          | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| RURAL HEALTH CLINIC          | 0   | 0 | .00    | .00    | .000 | .00    | .00         |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |   |        |        |      |        | PAGE 640    |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |   |        |        |      |        | 01/17/03    |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM                                    |   |        |        |      |        | AID CODE 76 |

| 01 ELIGIBLES                  | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                               |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| AMBULANCES/AIR TRANS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER TRANS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACUPUNCTURE                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PHYSICAL THERAPIST            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETICS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ORTHOTICS                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHOLOGIST                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPICE SERVICES              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NONINST BIRTHING CENTERS      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER PROVIDERS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CALIF. CHILDREN SERVICES*    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @XOVER EXCLUDING STATE HOSP** | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



| 735 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|
|                            |       |                                     |               |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 362   | 1,882                               | \$ 239,606.16 | \$ 127.31                    | 2.561                       | \$ 661.90        | \$ 325.99            |
| @PHYSICIANS SERVICES       | 160   | 637                                 | \$ 39,709.62  | \$ 62.34                     | .867                        | \$ 248.19        | \$ 54.03             |
| OUTPATIENT VISITS          | 76    | 155                                 | 8,487.73      | 54.76                        | .211                        | 111.68           | 11.55                |
| OFFICE VISITS              | 22    | 24                                  | 1,101.21      | 45.88                        | .033                        | 50.06            | 1.50                 |
| HOME VISITS                | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| EMERGENCY ROOM             | 5     | 5                                   | 381.48        | 76.30                        | .007                        | 76.30            | .52                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 52    | 123                                 | 6,896.61      | 56.07                        | .167                        | 132.63           | 9.38                 |
| OTHER OUTPATIENT           | 3     | 3                                   | 108.43        | 36.14                        | .004                        | 36.14            | .15                  |
| INPATIENT VISITS           | 26    | 71                                  | 5,530.76      | 77.90                        | .097                        | 212.72           | 7.52                 |
| HOSPITAL VISITS            | 24    | 40                                  | 1,859.04      | 46.48                        | .054                        | 77.46            | 2.53                 |
| CRITICAL CARE              | 2     | 31                                  | 3,671.72      | 118.44                       | .042                        | 1835.86          | 5.00                 |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 40    | 217                                 | 17,647.50     | 81.32                        | .295                        | 441.19           | 24.01                |
| PRINCIPAL SURGEON          | 24    | 25                                  | 14,218.33     | 568.73                       | .034                        | 592.43           | 19.34                |
| ASSISTANT SURGEON          | 3     | 3                                   | 559.50        | 186.50                       | .004                        | 186.50           | .76                  |
| ANESTHESIOLOGIST           | 16    | 189                                 | 2,869.67      | 15.18                        | .257                        | 179.35           | 3.90                 |
| OUTPATIENT SURGERY         | 14    | 34                                  | 1,946.90      | 57.26                        | .046                        | 139.06           | 2.65                 |
| PRINCIPAL SURGEON          | 12    | 25                                  | 1,578.65      | 63.15                        | .034                        | 131.55           | 2.15                 |
| ASSISTANT SURGEON          | 1     | 1                                   | 186.50        | 186.50                       | .001                        | 186.50           | .25                  |
| ANESTHESIOLOGIST           | 3     | 8                                   | 181.75        | 22.72                        | .011                        | 60.58            | .25                  |
| DIALYSIS                   | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                  | 12    | 20                                  | 370.40        | 18.52                        | .027                        | 30.87            | .50                  |
| RADIOLOGY                  | 49    | 60                                  | 2,718.64      | 45.31                        | .082                        | 55.48            | 3.70                 |
| PSYCHIATRY                 | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 6     | 15                                  | 187.29        | 12.49                        | .020                        | 31.22            | .25                  |
| OTHER SERVICES/ALL X-OVERS | 32    | 65                                  | 2,820.40      | 43.39                        | .088                        | 88.14            | 3.84                 |
| @PHARMACY                  | 120   | 295                                 | \$ 21,038.27  | \$ 71.32                     | .401                        | \$ 175.32        | \$ 28.62             |
| PRESCRIPTION DRUGS         | 118   | 234                                 | 20,384.56     | 87.11                        | .318                        | 172.75           | 27.73                |
| SNF/ICF                    | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| OUTPATIENTS                | 118   | 234                                 | 20,384.56     | 87.11                        | .318                        | 172.75           | 27.73                |
| MEDICAL SUPPLIES           | 6     | 61                                  | 653.71        | 10.72                        | .083                        | 108.95           | .89                  |
| @DENTIST                   | 3     | 12                                  | \$ 665.00     | \$ 55.42                     | .016                        | \$ 221.67        | \$ .90               |
| VISITS - DIAGNOSTIC        | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| ORAL SURGERY               | 2     | 3                                   | 45.00         | 15.00                        | .004                        | 22.50            | .06                  |
| DRUGS                      | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| ANESTHESIA                 | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| PERIODONTICS               | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| ENDODONTICS                | 1     | 1                                   | 330.00        | 330.00                       | .001                        | 330.00           | .45                  |
| RESTORATIVE DENTISTRY      | 2     | 3                                   | 175.00        | 58.33                        | .004                        | 87.50            | .24                  |
| PROSTHETICS                | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| DENTURES, STAYPLATES       | 1     | 5                                   | 115.00        | 23.00                        | .007                        | 115.00           | .16                  |
| SPACE MAINTAINERS          | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| MAXILLOFACIAL SERVICES     | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| FRACTURES, DISLOCATIONS    | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| ORTHODONTIC SERVICES       | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| ALL OTHER SERVICES         | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |

| 735 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | ----- MONTHLY AVERAGE -----  |                        |                  |                      |  |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|--|
|                              |       |                                     |               | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00        | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| EYE APPLIANCES               | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00        | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| VISITS                       | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| OTHER SERVICES               | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00        | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| SURGERY/ANES.                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| OTHER                        | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| @HOME HEALTH AGENCY          | 5     | 15                                  | \$ 939.87     | \$ 62.66                     | .020                   | \$ 187.97        | \$ 1.28              |  |
| NURSE ANESTHESIST            | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| NURSE MIDWIFE                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| @TOTAL HOSPITAL              | 176   | 714                                 | \$ 169,229.44 | \$ 237.02                    | .971                   | \$ 961.53        | \$ 230.24            |  |
| HOSP INPATIENT TOTAL         | 30    | 155                                 | 155,493.07    | 1003.18                      | .211                   | 5183.10          | 211.56               |  |
| HSC HOSPITALS                | 7     | 63                                  | 64,105.08     | 1017.54                      | .086                   | 9157.87          | 87.22                |  |
| NON-HSC HOSPITAL TOTAL       | 23    | 92                                  | 91,387.99     | 993.35                       | .125                   | 3973.39          | 124.34               |  |
| ACCOMMODATIONS               | 23    | 92                                  | 37,065.09     | 402.88                       | .125                   | 1611.53          | 50.43                |  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| ALL OTHER ACCOM              | 23    | 92                                  | 37,065.09     | 402.88                       | .125                   | 1611.53          | 50.43                |  |
| ANCILLARIES                  | 23    | 0                                   | 54,322.90     | .00                          | .000                   | 2361.87          | 73.91                |  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| HOSP OUTPATIENT TOTAL        | 164   | 559                                 | 13,736.37     | 24.57                        | .761                   | 83.76            | 18.69                |  |
| MEDICAL                      | 63    | 96                                  | 3,599.02      | 37.49                        | .131                   | 57.13            | 4.90                 |  |
| SURGERY                      | 3     | 3                                   | 194.94        | 64.98                        | .004                   | 64.98            | .27                  |  |
| PATHOLOGY                    | 77    | 263                                 | 3,074.69      | 11.69                        | .358                   | 39.93            | 4.18                 |  |
| RADIOLOGY                    | 19    | 19                                  | 1,245.59      | 65.56                        | .026                   | 65.56            | 1.69                 |  |
| ROOM USE                     | 59    | 89                                  | 4,426.11      | 49.73                        | .121                   | 75.02            | 6.02                 |  |
| CROSSOVERS/ALL OTH OUTPTNT   | 28    | 89                                  | 1,196.02      | 13.44                        | .121                   | 42.72            | 1.63                 |  |
| @COUNTY HOSPITAL TOTAL       | 1     | 6                                   | \$ 100.49     | \$ 16.75                     | .008                   | \$ 100.49        | \$ .14               |  |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| HSC HOSPITALS                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| ACCOMMODATIONS               | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| ANCILLARIES                  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| CO HOSP OUTPATIENT TOTAL     | 1     | 6                                   | 100.49        | 16.75                        | .008                   | 100.49           | .14                  |  |
| MEDICAL                      | 0     | 0                                   | 54.68         | .00                          | .000                   | .00              | .07                  |  |
| SURGERY                      | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| PATHOLOGY                    | 1     | 6                                   | 45.81         | 7.64                         | .008                   | 45.81            | .06                  |  |

|                             |   |   |     |     |      |     |     |
|-----------------------------|---|---|-----|-----|------|-----|-----|
| RADIOLOGY                   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSTOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      643  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR    185%/60-DAY PP      AID CODES 44 47 48 49 69 76

|                             | 735 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-----------------------------|---------------|-------|-------------------------------------|---------------|------------------------------|--|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL   | 175           |       | 708                                 | \$ 169,128.95 | \$ 238.88                    | .963   | \$ 966.45        | \$ 230.11            |
| COMM HOSP INPATIENT TOTAL   | 30            |       | 155                                 | 155,493.07    | 1003.18                      | .211   | 5183.10          | 211.56               |
| HSC HOSPITALS               | 7             |       | 63                                  | 64,105.08     | 1017.54                      | .086   | 9157.87          | 87.22                |
| NON-HSC HOSPITALS TOTAL     | 23            |       | 92                                  | 91,387.99     | 993.35                       | .125   | 3973.39          | 124.34               |
| ACCOMMODATIONS              | 23            |       | 92                                  | 37,065.09     | 402.88                       | .125   | 1611.53          | 50.43                |
| ADMINISTRATIVE DAYS         | 0             |       | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| TRANSITIONAL IP CARE        | 0             |       | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| ALL OTHER ACCOM             | 23            |       | 92                                  | 37,065.09     | 402.88                       | .125   | 1611.53          | 50.43                |
| ANCILLARIES                 | 23            |       | 0                                   | 54,322.90     | .00                          | .000   | 2361.87          | 73.91                |
| INPATIENT CROSSTOVERS       | 0             |       | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| ALL OTHER INPATIENT         | 0             |       | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL  | 163           |       | 553                                 | 13,635.88     | 24.66                        | .752   | 83.66            | 18.55                |
| MEDICAL                     | 63            |       | 96                                  | 3,544.34      | 36.92                        | .131   | 56.26            | 4.82                 |
| SURGERY                     | 3             |       | 3                                   | 194.94        | 64.98                        | .004   | 64.98            | .27                  |
| PATHOLOGY                   | 76            |       | 257                                 | 3,028.88      | 11.79                        | .350   | 39.85            | 4.12                 |
| RADIOLOGY                   | 19            |       | 19                                  | 1,245.59      | 65.56                        | .026   | 65.56            | 1.69                 |
| ROOM USE                    | 59            |       | 89                                  | 4,426.11      | 49.73                        | .121   | 75.02            | 6.02                 |
| CROSSTOVERS/ALL OTH OUTPTNT | 28            |       | 89                                  | 1,196.02      | 13.44                        | .121   | 42.72            | 1.63                 |
| @STATE HOSPITAL             | 0             |       | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| MENTALLY ILL                | 0             |       | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| DEVELOP. DISABLED           | 0             |       | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| @NURSING FACILITY           | 0             |       | 0                                   | .00           | .00                          | .000   | .00              | .00                  |
| LEV A-INTERMEDIATE          | 0             |       | 0                                   | .00           | .00                          | .000   | .00              | .00                  |

|                              |    |    |    |          |           |      |           |         |
|------------------------------|----|----|----|----------|-----------|------|-----------|---------|
| LEV B-REHAB MD               | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| LEV B-SUBACUTE FREESTANDING  | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| LEV B-SUBACUTE HSPTL BASED   | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| LEV B-TRANSITIONAL IP CARE   | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| LEV B-REGULAR                | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| @INTERMEDIATE CARE FACIL.-DD | 0  | 0  | \$ | .00      | \$ .00    | .000 | \$ .00    | \$ .00  |
| ICF DDH                      | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| ICF DD                       | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| ICF DDN/DDCN                 | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| @HEMODIALYSIS TOTAL          | 0  | 0  | \$ | .00      | \$ .00    | .000 | \$ .00    | \$ .00  |
| HOSPITAL BASED               | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| HEMODIALYSIS CENTER          | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| @REHABILITATION FACILITY     | 0  | 0  | \$ | .00      | \$ .00    | .000 | \$ .00    | \$ .00  |
| HOSPITAL BASED               | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| INDEPENDENT FACILITY         | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| @LABORATORY FACILITY         | 46 | 85 | \$ | 1,675.53 | \$ 19.71  | .116 | \$ 36.42  | \$ 2.28 |
| PATHOLOGY                    | 45 | 84 |    | 1,616.03 | 19.24     | .114 | 35.91     | 2.20    |
| XO AND OTHERS                | 1  | 1  |    | 59.50    | 59.50     | .001 | 59.50     | .08     |
| @ORGANIZED OUTPATIENT CLINIC | 22 | 28 | \$ | 3,919.23 | \$ 139.97 | .038 | \$ 178.15 | \$ 5.33 |
| CLINIC                       | 1  | 1  |    | 65.92    | 65.92     | .001 | 65.92     | .09     |
| SURGICENTER                  | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| HEROIN DETOX CLINIC          | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| RURAL HEALTH CLINIC          | 21 | 27 |    | 3,853.31 | 142.72    | .037 | 183.49    | 5.24    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 644  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 185%/60-DAY PP      AID CODES 44 47 48 49 69 76

| 735 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
|                            |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS       | 24    | 96                                  | \$ 2,429.20  | \$ 25.30                     | .131                        | \$ 101.22        | \$ 3.31              |
| DURABLE MED. EQUIP.        | 3     | 6                                   | 244.09       | 40.68                        | .008                        | 81.36            | .33                  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 2     | 70                                  | 385.11       | 5.50                         | .095                        | 192.56           | .52                  |
| AMBULANCES/AIR TRANS       | 2     | 70                                  | 385.11       | 5.50                         | .095                        | 192.56           | .52                  |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| GENETIC DISEASE TESTING    | 19    | 20                                  | 1,800.00     | 90.00                        | .027                        | 94.74            | 2.45                 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OPTICIAN                   | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS     | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PROSTHETICS                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ORTHOTICS                  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PSYCHOLOGIST               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SPEECH AND AUDIOLOGY       | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HOSPICE SERVICES           | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| NONINST BIRTHING CENTERS   | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LOCAL EDUCATION AGENCIES   | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| RESPIRATORY CARE PRACT.    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |

|                               |   |     |    |          |    |       |      |           |          |
|-------------------------------|---|-----|----|----------|----|-------|------|-----------|----------|
| ALL OTHER PROVIDERS           | 0 | 0   |    | .00      |    | .00   | .000 | .00       | .00      |
| @CALIF. CHILDREN SERVICES*    | 9 | 137 | \$ | 8,832.98 | \$ | 64.47 | .186 | \$ 981.44 | \$ 12.02 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0   | \$ | .00      | \$ | .00   | .000 | \$ .00    | \$ .00   |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |             |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 645    |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03    |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED                                     | AID CODE 16 |

| 210 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 167   | 3,185                               | \$ 62,681.85 | \$ 19.68                     | 15.167                                 | \$ 375.34        | \$ 298.49            |
| @PHYSICIANS SERVICES       | 36    | 101                                 | \$ 1,020.66  | \$ 10.11                     | .481                                   | \$ 28.35         | \$ 4.86              |
| OUTPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OFFICE VISITS              | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| RADIOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 36    | 101                                 | 1,020.66     | 10.11                        | .481                                   | 28.35            | 4.86                 |
| @PHARMACY                  | 150   | 2,415                               | \$ 44,165.03 | \$ 18.29                     | 11.500                                 | \$ 294.43        | \$ 210.31            |
| PRESCRIPTION DRUGS         | 150   | 630                                 | 43,285.29    | 68.71                        | 3.000                                  | 288.57           | 206.12               |
| SNF/ICF                    | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OUTPATIENTS                | 150   | 630                                 | 43,285.29    | 68.71                        | 3.000                                  | 288.57           | 206.12               |
| MEDICAL SUPPLIES           | 13    | 1,785                               | 879.74       | .49                          | 8.500                                  | 67.67            | 4.19                 |
| @DENTIST                   | 9     | 27                                  | \$ 1,194.00  | \$ 44.22                     | .129                                   | \$ 132.67        | \$ 5.69              |
| VISITS - DIAGNOSTIC        | 4     | 20                                  | 194.00       | 9.70                         | .095                                   | 48.50            | .92                  |
| ORAL SURGERY               | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| DRUGS                      | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ANESTHESIA                 | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PERIODONTICS               | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ENDODONTICS                | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| RESTORATIVE DENTISTRY      | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PROSTHETICS                | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |

|                         |   |   |          |        |      |        |      |
|-------------------------|---|---|----------|--------|------|--------|------|
| DENTURES, STAYPLATES    | 6 | 7 | 1,000.00 | 142.86 | .033 | 166.67 | 4.76 |
| SPACE MAINTAINERS       | 0 | 0 | .00      | .00    | .000 | .00    | .00  |
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00      | .00    | .000 | .00    | .00  |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00      | .00    | .000 | .00    | .00  |
| ORTHODONTIC SERVICES    | 0 | 0 | .00      | .00    | .000 | .00    | .00  |
| ALL OTHER SERVICES      | 0 | 0 | .00      | .00    | .000 | .00    | .00  |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 646  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED      AID CODE 16

| 210 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
|                              |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 10    | 16                                  | \$ 204.49    | \$ 12.78                     | .076                        | \$ 20.45         | \$ .97               |
| DIAGNOSTIC AND ANC. PROCED   | 5     | 5                                   | 40.05        | 8.01                         | .024                        | 8.01             | .19                  |
| EYE APPLIANCES               | 3     | 6                                   | 106.22       | 17.70                        | .029                        | 35.41            | .51                  |
| OTHER OPTOMETRIC SERVICES    | 3     | 5                                   | 58.22        | 11.64                        | .024                        | 19.41            | .28                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @PODIATRIST                  | 6     | 6                                   | \$ 23.45     | \$ 3.91                      | .029                        | \$ 3.91          | \$ .11               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER                        | 6     | 6                                   | 23.45        | 3.91                         | .029                        | 3.91             | .11                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 5     | 43                                  | \$ 2,010.01  | \$ 46.74                     | .205                        | \$ 402.00        | \$ 9.57              |
| HOSP INPATIENT TOTAL         | 1     | 5                                   | 792.00       | 158.40                       | .024                        | 792.00           | 3.77                 |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT CROSSOVERS         | 1     | 5                                   | 792.00       | 158.40                       | .024                        | 792.00           | 3.77                 |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 4     | 38                                  | 1,218.01     | 32.05                        | .181                        | 304.50           | 5.80                 |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 4     | 38                                  | 1,218.01     | 32.05                        | .181                        | 304.50           | 5.80                 |
| @COUNTY HOSPITAL TOTAL       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |

|                            |   |   |     |     |      |     |     |
|----------------------------|---|---|-----|-----|------|-----|-----|
| INPATIENT CROSSOVERS       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT        | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE                   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      647  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - AGED      AID CODE 16

| 210 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL    | 5     | 43                                  | \$ 2,010.01  | \$ 46.74                     | .205                   | \$ 402.00        | \$ 9.57              |
| COMM HOSP INPATIENT TOTAL    | 1     | 5                                   | 792.00       | 158.40                       | .024                   | 792.00           | 3.77                 |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 1     | 5                                   | 792.00       | 158.40                       | .024                   | 792.00           | 3.77                 |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 4     | 38                                  | 1,218.01     | 32.05                        | .181                   | 304.50           | 5.80                 |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 4     | 38                                  | 1,218.01     | 32.05                        | .181                   | 304.50           | 5.80                 |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| ICF DDH                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DD                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DDN/DDCN                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 9     | 16                                  | \$ 6,230.07  | \$ 389.38                    | .076                   | \$ 692.23        | \$ 29.67             |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEMODIALYSIS CENTER          | 9     | 16                                  | 6,230.07     | 389.38                       | .076                   | 692.23           | 29.67                |
| @REHABILITATION FACILITY     | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INDEPENDENT FACILITY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @LABORATORY FACILITY         | 2     | 4                                   | \$ 70.20     | \$ 17.55                     | .019                   | \$ 35.10         | \$ .33               |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| XO AND OTHERS                | 2     | 4                                   | 70.20        | 17.55                        | .019                   | 35.10            | .33                  |

|                              |   |   |    |        |    |        |      |    |        |    |      |
|------------------------------|---|---|----|--------|----|--------|------|----|--------|----|------|
| @ORGANIZED OUTPATIENT CLINIC | 5 | 5 | \$ | 270.22 | \$ | 54.04  | .024 | \$ | 54.04  | \$ | 1.29 |
| CLINIC                       | 0 | 0 |    | .00    |    | .00    | .000 |    | .00    |    | .00  |
| SURGICENTER                  | 1 | 1 |    | 199.88 |    | 199.88 | .005 |    | 199.88 |    | .95  |
| HEROIN DETOX CLINIC          | 0 | 0 |    | .00    |    | .00    | .000 |    | .00    |    | .00  |
| RURAL HEALTH CLINIC          | 4 | 4 |    | 70.34  |    | 17.59  | .019 |    | 17.59  |    | .33  |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 648  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED      AID CODE 16

| 210 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS       | 41    | 552                                 | \$ 7,493.72  | \$ 13.58                     | 2.629                  | \$ 182.77        | \$ 35.68             |
| DURABLE MED. EQUIP.        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 3     | 71                                  | 289.22       | 4.07                         | .338                   | 96.41            | 1.38                 |
| AMBULANCES/AIR TRANS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES             | 3     | 71                                  | 289.22       | 4.07                         | .338                   | 96.41            | 1.38                 |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 24    | 59                                  | 6,420.86     | 108.83                       | .281                   | 267.54           | 30.58                |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                   | 3     | 6                                   | 78.24        | 13.04                        | .029                   | 26.08            | .37                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETICS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ORTHOTICS                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHOLOGIST               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |



|                               |    |     |    |           |      |       |        |                    |
|-------------------------------|----|-----|----|-----------|------|-------|--------|--------------------|
| HOSPICE SERVICES              | 0  | 0   |    | .00       | .00  | .000  | .00    | .00                |
| NONINST BIRTHING CENTERS      | 0  | 0   |    | .00       | .00  | .000  | .00    | .00                |
| LOCAL EDUCATION AGENCIES      | 0  | 0   |    | .00       | .00  | .000  | .00    | .00                |
| EPSDT SUPPLEMENTAL SERVICE    | 0  | 0   |    | .00       | .00  | .000  | .00    | .00                |
| RESPIRATORY CARE PRACT.       | 0  | 0   |    | .00       | .00  | .000  | .00    | .00                |
| PED SUBACUTE REHAB/WEANING    | 0  | 0   |    | .00       | .00  | .000  | .00    | .00                |
| ALL OTHER PROVIDERS           | 20 | 416 |    | 705.40    | 1.70 | 1.981 | 35.27  | 3.36               |
| @CALIF. CHILDREN SERVICES*    | 0  | 0   | \$ | .00       | \$   | .00   | \$ .00 | \$ .00             |
| @XOVER EXCLUDING STATE HOSP** | 54 | 308 | \$ | 10,480.54 | \$   | 34.03 | 1.467  | \$ 194.08 \$ 49.91 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |                 |
|----------------------------|---|-----------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 649        |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03        |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND                                    | AID CODES 26 6A |

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| @PHYSICIANS SERVICES       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| OUTPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OFFICE VISITS              | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RADIOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @PHARMACY                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| PRESCRIPTION DRUGS         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SNF/ICF                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OUTPATIENTS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| MEDICAL SUPPLIES           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @DENTIST                   | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| VISITS - DIAGNOSTIC        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ORAL SURGERY               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

|                         |   |   |     |     |      |     |     |
|-------------------------|---|---|-----|-----|------|-----|-----|
| DRUGS                   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA              | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS            | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS             | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS             | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES      | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      650  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
 AMADOR COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - BLIND      AID CODES 26 6A

| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NURSE MIDWIFE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @TOTAL HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @COUNTY HOSPITAL TOTAL       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |   |                                     |              |                              |                             |                  |                      |
|------------------------------|---|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| NON-HSC HOSPITALS TOTAL      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ACCOMMODATIONS               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER ACCOM              | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANCILLARIES                  | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER INPATIENT          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| CO HOSP OUTPATIENT TOTAL     | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| MEDICAL                      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SURGERY                      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                    | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| RADIOLOGY                    | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ROOM USE                     | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                                     |              |                              |                             |                  | PAGE 651             |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |                                     |              |                              |                             |                  | 01/17/03             |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND                                    |                                     |              |                              |                             |                  | AID CODES 26 6A      |
|                              |   |                                     |              |                              | ----- MONTHLY AVERAGE ----- |                  |                      |
| 00 ELIGIBLES                 | USERS   | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL    | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| COMM HOSP INPATIENT TOTAL    | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HSC HOSPITALS                | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ACCOMMODATIONS               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER ACCOM              | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANCILLARIES                  | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER INPATIENT          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| MEDICAL                      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SURGERY                      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                    | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| RADIOLOGY                    | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ROOM USE                     | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @STATE HOSPITAL              | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| DEVELOP. DISABLED            | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @NURSING FACILITY            | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-REHAB MD               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-REGULAR                | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| ICF DDH                      | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ICF DD                       | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ICF DDN/DDCN                 | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 0   | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HEMODIALYSIS CENTER          | 0   | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |

|                              |   |   |    |     |    |     |      |    |     |    |     |
|------------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----|
| @REHABILITATION FACILITY     | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED               | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| INDEPENDENT FACILITY         | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| @LABORATORY FACILITY         | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY                    | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| XO AND OTHERS                | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC                       | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| SURGICENTER                  | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| HEROIN DETOX CLINIC          | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| RURAL HEALTH CLINIC          | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      652  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR    TITLE II DISREGARD - BLIND      AID CODES 26 6A

| 00 ELIGIBLES                  | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS          | 0     | 0                                   | \$           | .00                          | .000                   | \$               | .00                  |
| DURABLE MED. EQUIP.           | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| BLOOD BANK                    | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| HEARING AID DISPENSERS        | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| MEDICAL TRANSPORTATION        | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| AMBULANCES/AIR TRANS          | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| OTHER TRANS                   | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| OTHER SERVICES                | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| ACUPUNCTURE                   | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| GENETIC DISEASE TESTING       | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| OPTICIAN                      | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| PHYSICAL THERAPIST            | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| PORTABLE X-RAY                | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| PROSTHETIST/ORTHOTISTS        | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| PROSTHETICS                   | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| ORTHOTICS                     | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| PSYCHOLOGIST                  | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| SPEECH AND AUDIOLOGY          | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| HOSPICE SERVICES              | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| NONINST BIRTHING CENTERS      | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| LOCAL EDUCATION AGENCIES      | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| RESPIRATORY CARE PRACT.       | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| ALL OTHER PROVIDERS           | 0     | 0                                   |              | .00                          | .000                   |                  | .00                  |
| @CALIF. CHILDREN SERVICES*    | 0     | 0                                   | \$           | .00                          | .000                   | \$               | .00                  |
| @XOVER EXCLUDING STATE HOSP** | 0     | 0                                   | \$           | .00                          | .000                   | \$               | .00                  |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      653  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR    TITLE II DISREG - DISABLED AID CODES 36 66 6C

| 105 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|---------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|

|                            |    |     |    |           |    |       |       |    |        |    |        |
|----------------------------|----|-----|----|-----------|----|-------|-------|----|--------|----|--------|
| @TOTAL, ALL PROVIDERS      | 90 | 579 | \$ | 42,814.75 | \$ | 73.95 | 5.514 | \$ | 475.72 | \$ | 407.76 |
| @PHYSICIANS SERVICES       | 13 | 25  | \$ | 480.73    | \$ | 19.23 | .238  | \$ | 36.98  | \$ | 4.58   |
| OUTPATIENT VISITS          | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| OFFICE VISITS              | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| HOME VISITS                | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| EMERGENCY ROOM             | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| PREVENTIVE CARE            | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| OB VISITS/COMPRE PERI      | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| OTHER OUTPATIENT           | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| INPATIENT VISITS           | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| HOSPITAL VISITS            | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| CRITICAL CARE              | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| SNF/ICF/TRANS IP CARE      | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| OPHTHALMOLOGICAL SERVICES  | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| EXAMINATIONS               | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| SERVICES AND MATERIALS     | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| INPATIENT HOSPITAL SURGERY | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| PRINCIPAL SURGEON          | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| ASSISTANT SURGEON          | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| ANESTHESIOLOGIST           | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| OUTPATIENT SURGERY         | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| PRINCIPAL SURGEON          | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| ASSISTANT SURGEON          | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| ANESTHESIOLOGIST           | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| DIALYSIS                   | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| PATHOLOGY                  | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| RADIOLOGY                  | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| PSYCHIATRY                 | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| IMMUNIZATION AND INJECTION | 0  | 0   |    | .00       |    | .00   | .000  |    | .00    |    | .00    |
| OTHER SERVICES/ALL X-OVERS | 13 | 25  |    | 480.73    |    | 19.23 | .238  |    | 36.98  |    | 4.58   |
| @PHARMACY                  | 83 | 392 | \$ | 28,879.48 | \$ | 73.67 | 3.733 | \$ | 347.95 | \$ | 275.04 |
| PRESCRIPTION DRUGS         | 83 | 390 |    | 28,733.58 |    | 73.68 | 3.714 |    | 346.19 |    | 273.65 |

|                            |   |     |             |          |       |           |          |
|----------------------------|---|-----|-------------|----------|-------|-----------|----------|
| SNF/ICF                    | 0   | 0   | .00         | .00      | .000  | .00       | .00      |
| OUTPATIENTS                | 83  | 390 | 28,733.58   | 73.68    | 3.714 | 346.19    | 273.65   |
| MEDICAL SUPPLIES           | 1   | 2   | 145.90      | 72.95    | .019  | 145.90    | 1.39     |
| @DENTIST                   | 6   | 47  | \$ 3,004.00 | \$ 63.91 | .448  | \$ 500.67 | \$ 28.61 |
| VISITS - DIAGNOSTIC        | 2   | 10  | 125.00      | 12.50    | .095  | 62.50     | 1.19     |
| ORAL SURGERY               | 3   | 29  | 1,671.00    | 57.62    | .276  | 557.00    | 15.91    |
| DRUGS                      | 2   | 2   | 30.00       | 15.00    | .019  | 15.00     | .29      |
| ANESTHESIA                 | 2   | 2   | 200.00      | 100.00   | .019  | 100.00    | 1.90     |
| PERIODONTICS               | 0   | 0   | .00         | .00      | .000  | .00       | .00      |
| ENDODONTICS                | 0   | 0   | .00         | .00      | .000  | .00       | .00      |
| RESTORATIVE DENTISTRY      | 1   | 2   | 78.00       | 39.00    | .019  | 78.00     | .74      |
| PROSTHETICS                | 0   | 0   | .00         | .00      | .000  | .00       | .00      |
| DENTURES, STAYPLATES       | 1   | 2   | 900.00      | 450.00   | .019  | 900.00    | 8.57     |
| SPACE MAINTAINERS          | 0   | 0   | .00         | .00      | .000  | .00       | .00      |
| MAXILLOFACIAL SERVICES     | 0   | 0   | .00         | .00      | .000  | .00       | .00      |
| FRACTURES, DISLOCATIONS    | 0   | 0   | .00         | .00      | .000  | .00       | .00      |
| ORTHODONTIC SERVICES       | 0   | 0   | .00         | .00      | .000  | .00       | .00      |
| ALL OTHER SERVICES         | 0   | 0   | .00         | .00      | .000  | .00       | .00      |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |     |             |          |       |           | PAGE 654 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |     |             |          |       |           | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C                 |     |             |          |       |           |          |

| 105 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
|                              |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 7     | 15                                  | \$ 339.08    | \$ 22.61                     | .143                        | \$ 48.44         | \$ 3.23              |
| DIAGNOSTIC AND ANC. PROCED   | 3     | 3                                   | 63.47        | 21.16                        | .029                        | 21.16            | .60                  |
| EYE APPLIANCES               | 4     | 10                                  | 192.60       | 19.26                        | .095                        | 48.15            | 1.83                 |
| OTHER OPTOMETRIC SERVICES    | 2     | 2                                   | 83.01        | 41.51                        | .019                        | 41.51            | .79                  |
| @CHIROPRACTOR                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| NURSE ANESTHESIST            | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| NURSE MIDWIFE                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @TOTAL HOSPITAL              | 5     | 7                                   | \$ 176.72    | \$ 25.25                     | .067                        | \$ 35.34         | \$ 1.68              |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 5     | 7                                   | 176.72       | 25.25                        | .067                        | 35.34            | 1.68                 |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |

|                             |   |   |          |          |      |          |        |
|-----------------------------|---|---|----------|----------|------|----------|--------|
| RADIOLOGY                   | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| ROOM USE                    | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 5 | 7 | 176.72   | 25.25    | .067 | 35.34    | 1.68   |
| @COUNTY HOSPITAL TOTAL      | 1 | 1 | \$ 21.24 | \$ 21.24 | .010 | \$ 21.24 | \$ .20 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| HSC HOSPITALS               | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| NON-HSC HOSPITALS TOTAL     | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| ACCOMMODATIONS              | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| ADMINISTRATIVE DAYS         | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| TRANSITIONAL IP CARE        | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| ALL OTHER ACCOM             | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| ANCILLARIES                 | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| INPATIENT CROSSOVERS        | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| ALL OTHER INPATIENT         | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| CO HOSP OUTPATIENT TOTAL    | 1 | 1 | 21.24    | 21.24    | .010 | 21.24    | .20    |
| MEDICAL                     | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| SURGERY                     | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| PATHOLOGY                   | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| RADIOLOGY                   | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| ROOM USE                    | 0 | 0 | .00      | .00      | .000 | .00      | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 1 | 1 | 21.24    | 21.24    | .010 | 21.24    | .20    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 655  
MOP024      FEE-FOR-SERVICE/DENTAL  
AMADOR COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C      01/17/03

| 105 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL    | 4     | 6                                   | \$ 155.48    | \$ 25.91                     | .057                   | \$ 38.87         | \$ 1.48              |
| COMM HOSP INPATIENT TOTAL    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 4     | 6                                   | 155.48       | 25.91                        | .057                   | 38.87            | 1.48                 |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 4     | 6                                   | 155.48       | 25.91                        | .057                   | 38.87            | 1.48                 |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |

|                              |    |    |             |           |      |           |          |
|------------------------------|----|----|-------------|-----------|------|-----------|----------|
| ICF DDH                      | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| ICF DD                       | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| ICF DDN/DDCN                 | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| @HEMODIALYSIS TOTAL          | 0  | 0  | \$ .00      | \$ .00    | .000 | \$ .00    | \$ .00   |
| HOSPITAL BASED               | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| HEMODIALYSIS CENTER          | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| @REHABILITATION FACILITY     | 0  | 0  | \$ .00      | \$ .00    | .000 | \$ .00    | \$ .00   |
| HOSPITAL BASED               | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| INDEPENDENT FACILITY         | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| @LABORATORY FACILITY         | 1  | 2  | \$ 2.46     | \$ 1.23   | .019 | \$ 2.46   | \$ .02   |
| PATHOLOGY                    | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| XO AND OTHERS                | 1  | 2  | 2.46        | 1.23      | .019 | 2.46      | .02      |
| @ORGANIZED OUTPATIENT CLINIC | 26 | 64 | \$ 9,721.30 | \$ 151.90 | .610 | \$ 373.90 | \$ 92.58 |
| CLINIC                       | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| SURGICENTER                  | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| HEROIN DETOX CLINIC          | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| RURAL HEALTH CLINIC          | 26 | 64 | 9,721.30    | 151.90    | .610 | 373.90    | 92.58    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 656  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

| 105 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS          | 7     | 27                                  | \$ 210.98    | \$ 7.81                      | .257                                   | \$ 30.14         | \$ 2.01              |
| DURABLE MED. EQUIP.           | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| BLOOD BANK                    | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| HEARING AID DISPENSERS        | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| MEDICAL TRANSPORTATION        | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| AMBULANCES/AIR TRANS          | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OTHER TRANS                   | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OTHER SERVICES                | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ACUPUNCTURE                   | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| GENETIC DISEASE TESTING       | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OPTICIAN                      | 4     | 8                                   | 100.14       | 12.52                        | .076                                   | 25.04            | .95                  |
| PHYSICAL THERAPIST            | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PORTABLE X-RAY                | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS        | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PROSTHETICS                   | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ORTHOTICS                     | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PSYCHOLOGIST                  | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY          | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| HOSPICE SERVICES              | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| NONINST BIRTHING CENTERS      | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES      | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.       | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ALL OTHER PROVIDERS           | 3     | 19                                  | 110.84       | 5.83                         | .181                                   | 36.95            | 1.06                 |
| @CALIF. CHILDREN SERVICES*    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                   | \$ .00           | \$ .00               |
| @XOVER EXCLUDING STATE HOSP** | 21    | 55                                  | \$ 853.76    | \$ 15.52                     | .524                                   | \$ 40.66         | \$ 8.13              |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE        |  | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|--|------------------|----------------------|
|                            |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG |  |                  |                      |
| @TOTAL, ALL PROVIDERS      | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   |  | \$ .00           | \$ .00               |
| @PHYSICIANS SERVICES       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   |  | \$ .00           | \$ .00               |
| OUTPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| OFFICE VISITS              | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| RADIOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| @PHARMACY                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   |  | \$ .00           | \$ .00               |
| PRESCRIPTION DRUGS         | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| SNF/ICF                    | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| OUTPATIENTS                | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| MEDICAL SUPPLIES           | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| @DENTIST                   | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   |  | \$ .00           | \$ .00               |
| VISITS - DIAGNOSTIC        | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| ORAL SURGERY               | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| DRUGS                      | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| ANESTHESIA                 | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| PERIODONTICS               | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| ENDODONTICS                | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| RESTORATIVE DENTISTRY      | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| PROSTHETICS                | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| DENTURES, STAYPLATES       | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| SPACE MAINTAINERS          | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| MAXILLOFACIAL SERVICES     | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| FRACTURES, DISLOCATIONS    | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| ORTHODONTIC SERVICES       | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| ALL OTHER SERVICES         | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |

#CALIF DEPT OF HEALTH SERV  
MOP024  
AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

PAGE 658  
01/17/03

| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |  | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|--|------------------|----------------------|
|                              |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      |  |                  |                      |
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |

|                             |   |   |        |        |      |        |        |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| INPATIENT CROSSOVERS        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER INPATIENT         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HOSP OUTPATIENT TOTAL       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGERY                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @COUNTY HOSPITAL TOTAL      | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HSC HOSPITALS               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| NON-HSC HOSPITALS TOTAL     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ACCOMMODATIONS              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ADMINISTRATIVE DAYS         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| TRANSITIONAL IP CARE        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER ACCOM             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANCILLARIES                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INPATIENT CROSSOVERS        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER INPATIENT         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CO HOSP OUTPATIENT TOTAL    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGERY                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      659  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - FAMILIES      AID CODE 46

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |    | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|----|------------------|----------------------|
|                            |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      |    |                  |                      |
| @COMMUNITY HOSPITAL TOTAL  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ | .00              | \$ .00               |
| COMM HOSP INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| HSC HOSPITALS              | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL    | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| ACCOMMODATIONS             | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| ADMINISTRATIVE DAYS        | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| TRANSITIONAL IP CARE       | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| ALL OTHER ACCOM            | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| ANCILLARIES                | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| INPATIENT CROSSOVERS       | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| ALL OTHER INPATIENT        | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| MEDICAL                    | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| SURGERY                    | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| RADIOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| ROOM USE                   | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| @STATE HOSPITAL            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ | .00              | \$ .00               |
| MENTALLY ILL               | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| DEVELOP. DISABLED          | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| @NURSING FACILITY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ | .00              | \$ .00               |
| LEV A-INTERMEDIATE         | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |

|                              |   |   |        |        |      |        |        |
|------------------------------|---|---|--------|--------|------|--------|--------|
| LEV B-REHAB MD               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-SUBACUTE FREESTANDING  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-SUBACUTE HSPTL BASED   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-TRANSITIONAL IP CARE   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-REGULAR                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| ICF DDH                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ICF DD                       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ICF DDN/DDCN                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @HEMODIALYSIS TOTAL          | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HEMODIALYSIS CENTER          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @REHABILITATION FACILITY     | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INDEPENDENT FACILITY         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @LABORATORY FACILITY         | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| PATHOLOGY                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| XO AND OTHERS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| CLINIC                       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGICENTER                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HEROIN DETOX CLINIC          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RURAL HEALTH CLINIC          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 660  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES      AID CODE 46

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS      COST PER      COST PER<br>PER ELIG      USER      ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|
| @ALL OTHER PROVIDERS       | 0     | 0                                   | \$ .00       | \$ .00                       | .000 \$ .00 \$ .00  |
| DURABLE MED. EQUIP.        | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| MEDICAL TRANSPORTATION     | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| AMBULANCES/AIR TRANS       | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| OPTICIAN                   | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| PROSTHETIST/ORTHOTISTS     | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| PROSTHETICS                | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| ORTHOTICS                  | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| PSYCHOLOGIST               | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| SPEECH AND AUDIOLOGY       | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| HOSPICE SERVICES           | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| NONINST BIRTHING CENTERS   | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| LOCAL EDUCATION AGENCIES   | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| EPSDT SUPPLEMENTAL SERVICE | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| RESPIRATORY CARE PRACT.    | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| PED SUBACUTE REHAB/WEANING | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |

|                               |   |   |    |     |     |      |     |     |
|-------------------------------|---|---|----|-----|-----|------|-----|-----|
| ALL OTHER PROVIDERS           | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES*    | 0 | 0 | \$ | .00 | .00 | .000 | \$  | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | .00 | .000 | \$  | .00 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE      661

MOP024      FEE-FOR-SERVICE/DENTAL

01/17/03

AMADOR COUNTY      SUMMARY OF SERVICES FOR    TITLE II DISREGARD

| 315 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | ----- MONTHLY AVERAGE -----  |                        |                  |                      |  |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|--|
|                            |       |                                     |               | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @TOTAL, ALL PROVIDERS      | 257   | 3,764                               | \$ 105,496.60 | \$ 28.03                     | 11.949                 | \$ 410.49        | \$ 334.91            |  |
| @PHYSICIANS SERVICES       | 49    | 126                                 | \$ 1,501.39   | \$ 11.92                     | .400                   | \$ 30.64         | \$ 4.77              |  |
| OUTPATIENT VISITS          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| OFFICE VISITS              | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| HOME VISITS                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| EMERGENCY ROOM             | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| PREVENTIVE CARE            | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| INPATIENT VISITS           | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| HOSPITAL VISITS            | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| CRITICAL CARE              | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| EXAMINATIONS               | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| DIALYSIS                   | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| PATHOLOGY                  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| RADIOLOGY                  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| PSYCHIATRY                 | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| OTHER SERVICES/ALL X-OVERS | 49    | 126                                 | 1,501.39      | 11.92                        | .400                   | 30.64            | 4.77                 |  |
| @PHARMACY                  | 233   | 2,807                               | \$ 73,044.51  | \$ 26.02                     | 8.911                  | \$ 313.50        | \$ 231.89            |  |
| PRESCRIPTION DRUGS         | 233   | 1,020                               | 72,018.87     | 70.61                        | 3.238                  | 309.09           | 228.63               |  |
| SNF/ICF                    | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| OUTPATIENTS                | 233   | 1,020                               | 72,018.87     | 70.61                        | 3.238                  | 309.09           | 228.63               |  |
| MEDICAL SUPPLIES           | 14    | 1,787                               | 1,025.64      | .57                          | 5.673                  | 73.26            | 3.26                 |  |
| @DENTIST                   | 15    | 74                                  | \$ 4,198.00   | \$ 56.73                     | .235                   | \$ 279.87        | \$ 13.33             |  |
| VISITS - DIAGNOSTIC        | 6     | 30                                  | 319.00        | 10.63                        | .095                   | 53.17            | 1.01                 |  |
| ORAL SURGERY               | 3     | 29                                  | 1,671.00      | 57.62                        | .092                   | 557.00           | 5.30                 |  |
| DRUGS                      | 2     | 2                                   | 30.00         | 15.00                        | .006                   | 15.00            | .10                  |  |
| ANESTHESIA                 | 2     | 2                                   | 200.00        | 100.00                       | .006                   | 100.00           | .63                  |  |
| PERIODONTICS               | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| ENDODONTICS                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |
| RESTORATIVE DENTISTRY      | 1     | 2                                   | 78.00         | 39.00                        | .006                   | 78.00            | .25                  |  |
| PROSTHETICS                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |  |

|                         |   |   |          |        |      |        |      |
|-------------------------|---|---|----------|--------|------|--------|------|
| DENTURES, STAYPLATES    | 7 | 9 | 1,900.00 | 211.11 | .029 | 271.43 | 6.03 |
| SPACE MAINTAINERS       | 0 | 0 | .00      | .00    | .000 | .00    | .00  |
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00      | .00    | .000 | .00    | .00  |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00      | .00    | .000 | .00    | .00  |
| ORTHODONTIC SERVICES    | 0 | 0 | .00      | .00    | .000 | .00    | .00  |
| ALL OTHER SERVICES      | 0 | 0 | .00      | .00    | .000 | .00    | .00  |

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD

PAGE 662

01/17/03

| 315 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 17    | 31                                  | \$ 543.57    | \$ 17.53                     | .098                   | \$ 31.97         | \$ 1.73              |
| DIAGNOSTIC AND ANC. PROCED   | 8     | 8                                   | 103.52       | 12.94                        | .025                   | 12.94            | .33                  |
| EYE APPLIANCES               | 7     | 16                                  | 298.82       | 18.68                        | .051                   | 42.69            | .95                  |
| OTHER OPTOMETRIC SERVICES    | 5     | 7                                   | 141.23       | 20.18                        | .022                   | 28.25            | .45                  |
| @CHIROPRACTOR                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 6     | 6                                   | \$ 23.45     | \$ 3.91                      | .019                   | \$ 3.91          | \$ .07               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 6     | 6                                   | 23.45        | 3.91                         | .019                   | 3.91             | .07                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 10    | 50                                  | \$ 2,186.73  | \$ 43.73                     | .159                   | \$ 218.67        | \$ 6.94              |
| HOSP INPATIENT TOTAL         | 1     | 5                                   | 792.00       | 158.40                       | .016                   | 792.00           | 2.51                 |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 1     | 5                                   | 792.00       | 158.40                       | .016                   | 792.00           | 2.51                 |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 9     | 45                                  | 1,394.73     | 30.99                        | .143                   | 154.97           | 4.43                 |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 9     | 45                                  | 1,394.73     | 30.99                        | .143                   | 154.97           | 4.43                 |
| @COUNTY HOSPITAL TOTAL       | 1     | 1                                   | \$ 21.24     | \$ 21.24                     | .003                   | \$ 21.24         | \$ .07               |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                            |   |   |       |       |      |       |     |
|----------------------------|---|---|-------|-------|------|-------|-----|
| INPATIENT CROSSOVERS       | 0 | 0 | .00   | .00   | .000 | .00   | .00 |
| ALL OTHER INPATIENT        | 0 | 0 | .00   | .00   | .000 | .00   | .00 |
| CO HOSP OUTPATIENT TOTAL   | 1 | 1 | 21.24 | 21.24 | .003 | 21.24 | .07 |
| MEDICAL                    | 0 | 0 | .00   | .00   | .000 | .00   | .00 |
| SURGERY                    | 0 | 0 | .00   | .00   | .000 | .00   | .00 |
| PATHOLOGY                  | 0 | 0 | .00   | .00   | .000 | .00   | .00 |
| RADIOLOGY                  | 0 | 0 | .00   | .00   | .000 | .00   | .00 |
| ROOM USE                   | 0 | 0 | .00   | .00   | .000 | .00   | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | 21.24 | 21.24 | .003 | 21.24 | .07 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      663  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR    TITLE II DISREGARD

|                            | 315 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|---------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL  | 9             | 49    | \$                                  | 2,165.49     | \$ 44.19                     | .156                   | \$ 240.61        | \$ 6.87              |
| COMM HOSP INPATIENT TOTAL  | 1             | 5     |                                     | 792.00       | 158.40                       | .016                   | 792.00           | 2.51                 |
| HSC HOSPITALS              | 0             | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL    | 0             | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS             | 0             | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS        | 0             | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE       | 0             | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM            | 0             | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                | 0             | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS       | 1             | 5     |                                     | 792.00       | 158.40                       | .016                   | 792.00           | 2.51                 |
| ALL OTHER INPATIENT        | 0             | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL | 8             | 44    |                                     | 1,373.49     | 31.22                        | .140                   | 171.69           | 4.36                 |
| MEDICAL                    | 0             | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                    | 0             | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 0             | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                  | 0             | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                   | 0             | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |

|                              |   |    |    |          |           |      |           |          |          |
|------------------------------|---|----|----|----------|-----------|------|-----------|----------|----------|
| CROSSEOVERS/ALL OTH OUTPTNT  | 8   | 44 |    | 1,373.49 | 31.22     | .140 | 171.69    | 4.36     |          |
| @STATE HOSPITAL              | 0   | 0  | \$ | .00      | \$ .00    | .000 | \$ .00    | \$ .00   |          |
| MENTALLY ILL                 | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| DEVELOP. DISABLED            | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| @NURSING FACILITY            | 0   | 0  | \$ | .00      | \$ .00    | .000 | \$ .00    | \$ .00   |          |
| LEV A-INTERMEDIATE           | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| LEV B-REHAB MD               | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| LEV B-SUBACUTE FREESTANDING  | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| LEV B-REGULAR                | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0  | \$ | .00      | \$ .00    | .000 | \$ .00    | \$ .00   |          |
| ICF DDH                      | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| ICF DD                       | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| ICF DDN/DDCN                 | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| @HEMODIALYSIS TOTAL          | 9   | 16 | \$ | 6,230.07 | \$ 389.38 | .051 | \$ 692.23 | \$ 19.78 |          |
| HOSPITAL BASED               | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| HEMODIALYSIS CENTER          | 9   | 16 |    | 6,230.07 | 389.38    | .051 | 692.23    | 19.78    |          |
| @REHABILITATION FACILITY     | 0   | 0  | \$ | .00      | \$ .00    | .000 | \$ .00    | \$ .00   |          |
| HOSPITAL BASED               | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| INDEPENDENT FACILITY         | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| @LABORATORY FACILITY         | 3   | 6  | \$ | 72.66    | \$ 12.11  | .019 | \$ 24.22  | \$ .23   |          |
| PATHOLOGY                    | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| XO AND OTHERS                | 3   | 6  |    | 72.66    | 12.11     | .019 | 24.22     | .23      |          |
| @ORGANIZED OUTPATIENT CLINIC | 31  | 69 | \$ | 9,991.52 | \$ 144.80 | .219 | \$ 322.31 | \$ 31.72 |          |
| CLINIC                       | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| SURGICENTER                  | 1   | 1  |    | 199.88   | 199.88    | .003 | 199.88    | .63      |          |
| HEROIN DETOX CLINIC          | 0   | 0  |    | .00      | .00       | .000 | .00       | .00      |          |
| RURAL HEALTH CLINIC          | 30  | 68 |    | 9,791.64 | 143.99    | .216 | 326.39    | 31.08    |          |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |    |    |          |           |      |           |          | PAGE 664 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |    |    |          |           |      |           |          | 01/17/03 |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR TITLE II DISREGARD  |    |    |          |           |      |           |          |          |

| 315 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS       | 48    | 579                                 | \$ 7,704.70  | \$ 13.31                     | 1.838                  | \$ 160.51        | \$ 24.46             |
| DURABLE MED. EQUIP.        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 3     | 71                                  | 289.22       | 4.07                         | .225                   | 96.41            | .92                  |
| AMBULANCES/AIR TRANS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES             | 3     | 71                                  | 289.22       | 4.07                         | .225                   | 96.41            | .92                  |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 24    | 59                                  | 6,420.86     | 108.83                       | .187                   | 267.54           | 20.38                |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                   | 7     | 14                                  | 178.38       | 12.74                        | .044                   | 25.48            | .57                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETICS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ORTHOTICS                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHOLOGIST               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |



|                               |    |     |              |          |       |           |          |
|-------------------------------|----|-----|--------------|----------|-------|-----------|----------|
| HOSPICE SERVICES              | 0  | 0   | .00          | .00      | .000  | .00       | .00      |
| NONINST BIRTHING CENTERS      | 0  | 0   | .00          | .00      | .000  | .00       | .00      |
| LOCAL EDUCATION AGENCIES      | 0  | 0   | .00          | .00      | .000  | .00       | .00      |
| EPSDT SUPPLEMENTAL SERVICE    | 0  | 0   | .00          | .00      | .000  | .00       | .00      |
| RESPIRATORY CARE PRACT.       | 0  | 0   | .00          | .00      | .000  | .00       | .00      |
| PED SUBACUTE REHAB/WEANING    | 0  | 0   | .00          | .00      | .000  | .00       | .00      |
| ALL OTHER PROVIDERS           | 23 | 435 | 816.24       | 1.88     | 1.381 | 35.49     | 2.59     |
| @CALIF. CHILDREN SERVICES*    | 0  | 0   | \$ .00       | \$ .00   | .000  | \$ .00    | \$ .00   |
| @XOVER EXCLUDING STATE HOSP** | 75 | 363 | \$ 11,334.30 | \$ 31.22 | 1.152 | \$ 151.12 | \$ 35.98 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |             |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 665    |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03    |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED  | AID CODE 18 |

| 363 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 278   | 9,369                               | \$ 139,589.22 | \$ 14.90                     | 25.810                 | \$ 502.12        | \$ 384.54            |
| @PHYSICIANS SERVICES       | 58    | 173                                 | \$ 1,636.52   | \$ 9.46                      | .477                   | \$ 28.22         | \$ 4.51              |
| OUTPATIENT VISITS          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OFFICE VISITS              | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| HOME VISITS                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| PSYCHIATRY                 | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 58    | 173                                 | 1,636.52      | 9.46                         | .477                   | 28.22            | 4.51                 |
| @PHARMACY                  | 227   | 1,195                               | \$ 58,551.95  | \$ 49.00                     | 3.292                  | \$ 257.94        | \$ 161.30            |
| PRESCRIPTION DRUGS         | 224   | 950                                 | 57,297.56     | 60.31                        | 2.617                  | 255.79           | 157.84               |
| SNF/ICF                    | 13    | 79                                  | 3,703.92      | 46.89                        | .218                   | 284.92           | 10.20                |
| OUTPATIENTS                | 212   | 871                                 | 53,593.64     | 61.53                        | 2.399                  | 252.80           | 147.64               |
| MEDICAL SUPPLIES           | 20    | 245                                 | 1,254.39      | 5.12                         | .675                   | 62.72            | 3.46                 |
| @DENTIST                   | 6     | 16                                  | \$ 78.00      | \$ 41.94                     | .044                   | \$ 111.83        | \$ 1.85              |
| VISITS - DIAGNOSTIC        | 3     | 10                                  | 78.00         | 7.80                         | .028                   | 26.00            | .21                  |
| ORAL SURGERY               | 1     | 2                                   | 123.00        | 61.50                        | .006                   | 123.00           | .34                  |

|                         |   |   |        |        |      |        |      |
|-------------------------|---|---|--------|--------|------|--------|------|
| DRUGS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00  |
| ANESTHESIA              | 0 | 0 | .00    | .00    | .000 | .00    | .00  |
| PERIODONTICS            | 0 | 0 | .00    | .00    | .000 | .00    | .00  |
| ENDODONTICS             | 0 | 0 | .00    | .00    | .000 | .00    | .00  |
| RESTORATIVE DENTISTRY   | 0 | 0 | .00    | .00    | .000 | .00    | .00  |
| PROSTHETICS             | 0 | 0 | .00    | .00    | .000 | .00    | .00  |
| DENTURES, STAYPLATES    | 3 | 4 | 470.00 | 117.50 | .011 | 156.67 | 1.29 |
| SPACE MAINTAINERS       | 0 | 0 | .00    | .00    | .000 | .00    | .00  |
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00    | .00    | .000 | .00    | .00  |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00    | .00    | .000 | .00    | .00  |
| ORTHODONTIC SERVICES    | 0 | 0 | .00    | .00    | .000 | .00    | .00  |
| ALL OTHER SERVICES      | 0 | 0 | .00    | .00    | .000 | .00    | .00  |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      666  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED      AID CODE 18

| 363 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 13    | 26                                  | \$ 437.75    | \$ 16.84                     | .072                   | \$ 33.67         | \$ 1.21              |
| DIAGNOSTIC AND ANC. PROCED   | 5     | 5                                   | 40.05        | 8.01                         | .014                   | 8.01             | .11                  |
| EYE APPLIANCES               | 5     | 17                                  | 276.83       | 16.28                        | .047                   | 55.37            | .76                  |
| OTHER OPTOMETRIC SERVICES    | 5     | 4                                   | 120.87       | 30.22                        | .011                   | 24.17            | .33                  |
| @CHIROPRACTOR                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 3     | 3                                   | \$ 39.01     | \$ 13.00                     | .008                   | \$ 13.00         | \$ .11               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 3     | 3                                   | 39.01        | 13.00                        | .008                   | 13.00            | .11                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NURSE MIDWIFE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @TOTAL HOSPITAL              | 19    | 190                                 | \$ 8,432.20  | \$ 44.38                     | .523                   | \$ 443.80        | \$ 23.23             |
| HOSP INPATIENT TOTAL         | 9     | 28                                  | 6,271.11     | 223.97                       | .077                   | 696.79           | 17.28                |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 9     | 28                                  | 6,271.11     | 223.97                       | .077                   | 696.79           | 17.28                |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 10    | 162                                 | 2,161.09     | 13.34                        | .446                   | 216.11           | 5.95                 |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 10    | 162                                 | 2,161.09     | 13.34                        | .446                   | 216.11           | 5.95                 |
| @COUNTY HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                            |   |   |     |     |      |     |     |
|----------------------------|---|---|-----|-----|------|-----|-----|
| NON-HSC HOSPITALS TOTAL    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS             | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS        | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM            | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES                | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT        | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE                   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 667  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED      AID CODE 18

| 363 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
|                              |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL    | 19    | 190                                 | \$ 8,432.20  | \$ 44.38                     | .523                        | \$ 443.80        | \$ 23.23             |
| COMM HOSP INPATIENT TOTAL    | 9     | 28                                  | 6,271.11     | 223.97                       | .077                        | 696.79           | 17.28                |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT CROSSOVERS         | 9     | 28                                  | 6,271.11     | 223.97                       | .077                        | 696.79           | 17.28                |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 10    | 162                                 | 2,161.09     | 13.34                        | .446                        | 216.11           | 5.95                 |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 10    | 162                                 | 2,161.09     | 13.34                        | .446                        | 216.11           | 5.95                 |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @NURSING FACILITY            | 9     | 236                                 | \$ 37,037.88 | \$ 156.94                    | .650                        | \$ 4115.32       | \$ 102.03            |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| LEV B-REGULAR                | 9     | 236                                 | 37,037.88    | 156.94                       | .650                        | 4115.32          | 102.03               |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| ICF DDH                      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ICF DD                       | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ICF DDN/DDCN                 | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 0     | 0                                   | \$ 346.61    | \$ .00                       | .000                        | \$ .00           | \$ .95               |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HEMODIALYSIS CENTER          | 0     | 0                                   | 346.61       | .00                          | .000                        | .00              | .95                  |

|                              |   |    |    |        |    |       |      |    |       |    |          |
|------------------------------|---|----|----|--------|----|-------|------|----|-------|----|----------|
| @REHABILITATION FACILITY     | 0   | 0  | \$ | .00    | \$ | .00   | .000 | \$ | .00   | \$ | .00      |
| HOSPITAL BASED               | 0   | 0  |    | .00    |    | .00   | .000 |    | .00   |    | .00      |
| INDEPENDENT FACILITY         | 0   | 0  |    | .00    |    | .00   | .000 |    | .00   |    | .00      |
| @LABORATORY FACILITY         | 0   | 0  | \$ | .00    | \$ | .00   | .000 | \$ | .00   | \$ | .00      |
| PATHOLOGY                    | 0   | 0  |    | .00    |    | .00   | .000 |    | .00   |    | .00      |
| XO AND OTHERS                | 0   | 0  |    | .00    |    | .00   | .000 |    | .00   |    | .00      |
| @ORGANIZED OUTPATIENT CLINIC | 9   | 10 | \$ | 409.01 | \$ | 40.90 | .028 | \$ | 45.45 | \$ | 1.13     |
| CLINIC                       | 0   | 0  |    | .00    |    | .00   | .000 |    | .00   |    | .00      |
| SURGICENTER                  | 0   | 0  |    | .00    |    | .00   | .000 |    | .00   |    | .00      |
| HEROIN DETOX CLINIC          | 0   | 0  |    | .00    |    | .00   | .000 |    | .00   |    | .00      |
| RURAL HEALTH CLINIC          | 9   | 10 |    | 409.01 |    | 40.90 | .028 |    | 45.45 |    | 1.13     |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |    |    |        |    |       |      |    |       |    | PAGE 668 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |    |    |        |    |       |      |    |       |    | 01/17/03 |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED  |    |    |        |    |       |      |    |       |    |          |
|                              | AID CODE 18   |    |    |        |    |       |      |    |       |    |          |

| 363 ELIGIBLES              |     | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-----|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS       | 135 |       | 7,520                               | \$ 32,027.29 | \$ 4.26                      | 20.716   | \$ 237.24        | \$ 88.23             |
| DURABLE MED. EQUIP.        | 4   |       | 11                                  | 374.49       | 34.04                        | .030   | 93.62            | 1.03                 |
| BLOOD BANK                 | 0   |       | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| HEARING AID DISPENSERS     | 0   |       | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 16  |       | 346                                 | 1,242.31     | 3.59                         | .953   | 77.64            | 3.42                 |
| AMBULANCES/AIR TRANS       | 0   |       | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| OTHER TRANS                | 2   |       | 41                                  | 118.06       | 2.88                         | .113   | 59.03            | .33                  |
| OTHER SERVICES             | 14  |       | 305                                 | 1,124.25     | 3.69                         | .840   | 80.30            | 3.10                 |
| ACUPUNCTURE                | 0   |       | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0   |       | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| GENETIC DISEASE TESTING    | 0   |       | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 56  |       | 449                                 | 21,061.69    | 46.91                        | 1.237  | 376.10           | 58.02                |
| OCCUPATIONAL THERAPIST     | 0   |       | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| OPTICIAN                   | 5   |       | 10                                  | 111.52       | 11.15                        | .028   | 22.30            | .31                  |
| PHYSICAL THERAPIST         | 0   |       | 0                                   | .00          | .00                          | .000   | .00              | .00                  |

|                               |     |       |              |          |        |           |          |
|-------------------------------|-----|-------|--------------|----------|--------|-----------|----------|
| PORTABLE X-RAY                | 0   | 0     | .00          | .00      | .000   | .00       | .00      |
| PROSTHETIST/ORTHOTISTS        | 0   | 0     | .00          | .00      | .000   | .00       | .00      |
| PROSTHETICS                   | 0   | 0     | .00          | .00      | .000   | .00       | .00      |
| ORTHOTICS                     | 0   | 0     | .00          | .00      | .000   | .00       | .00      |
| PSYCHOLOGIST                  | 0   | 0     | .00          | .00      | .000   | .00       | .00      |
| SPEECH AND AUDIOLOGY          | 0   | 0     | .00          | .00      | .000   | .00       | .00      |
| HOSPICE SERVICES              | 2   | 18    | 1,905.84     | 105.88   | .050   | 952.92    | 5.25     |
| NONINST BIRTHING CENTERS      | 0   | 0     | .00          | .00      | .000   | .00       | .00      |
| LOCAL EDUCATION AGENCIES      | 0   | 0     | .00          | .00      | .000   | .00       | .00      |
| EPSDT SUPPLEMENTAL SERVICE    | 0   | 0     | .00          | .00      | .000   | .00       | .00      |
| RESPIRATORY CARE PRACT.       | 0   | 0     | .00          | .00      | .000   | .00       | .00      |
| PED SUBACUTE REHAB/WEANING    | 0   | 0     | .00          | .00      | .000   | .00       | .00      |
| ALL OTHER PROVIDERS           | 87  | 6,686 | 7,331.44     | 1.10     | 18.419 | 84.27     | 20.20    |
| @CALIF. CHILDREN SERVICES*    | 0   | 0     | \$ .00       | \$ .00   | .000   | \$ .00    | \$ .00   |
| @XOVER EXCLUDING STATE HOSP** | 132 | 863   | \$ 27,146.54 | \$ 31.46 | 2.377  | \$ 205.66 | \$ 74.78 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |             |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 669    |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03    |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND                                       | AID CODE 28 |

| 03 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @PHYSICIANS SERVICES       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| OUTPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OFFICE VISITS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PHARMACY                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PRESCRIPTION DRUGS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                         |   |   |        |        |      |        |        |
|-------------------------|---|---|--------|--------|------|--------|--------|
| SNF/ICF                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OUTPATIENTS             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL SUPPLIES        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @DENTIST                | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| VISITS - DIAGNOSTIC     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORAL SURGERY            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DRUGS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIA              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PERIODONTICS            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ENDODONTICS             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESTORATIVE DENTISTRY   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETICS             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DENTURES, STAYPLATES    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SPACE MAINTAINERS       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORTHODONTIC SERVICES    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER SERVICES      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 670  
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

| 03 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |  |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
|                              |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| @TOTAL HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| HOSP OUTPATIENT TOTAL        | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |

|                             |   |   |        |        |      |        |        |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| RADIOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @COUNTY HOSPITAL TOTAL      | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HSC HOSPITALS               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| NON-HSC HOSPITALS TOTAL     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ACCOMMODATIONS              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ADMINISTRATIVE DAYS         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| TRANSITIONAL IP CARE        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER ACCOM             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANCILLARIES                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INPATIENT CROSSOVERS        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER INPATIENT         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CO HOSP OUTPATIENT TOTAL    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGERY                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 671  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

| 03 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| COMM HOSP INPATIENT TOTAL    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |

|                              |   |   |        |        |      |        |        |
|------------------------------|---|---|--------|--------|------|--------|--------|
| ICF DDH                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ICF DD                       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ICF DDN/DDCN                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @HEMODIALYSIS TOTAL          | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HEMODIALYSIS CENTER          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @REHABILITATION FACILITY     | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INDEPENDENT FACILITY         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @LABORATORY FACILITY         | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| PATHOLOGY                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| XO AND OTHERS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| CLINIC                       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGICENTER                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HEROIN DETOX CLINIC          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RURAL HEALTH CLINIC          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 672  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

| 03 ELIGIBLES                  | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                               |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| AMBULANCES/AIR TRANS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER TRANS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACUPUNCTURE                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PHYSICAL THERAPIST            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETICS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ORTHOTICS                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHOLOGIST                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPICE SERVICES              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NONINST BIRTHING CENTERS      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER PROVIDERS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CALIF. CHILDREN SERVICES*    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @XOVER EXCLUDING STATE HOSP** | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



| 176 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 152   | 4,282                               | \$ 83,607.64 | \$ 19.53                     | 24.330                 | \$ 550.05        | \$ 475.04            |
| @PHYSICIANS SERVICES       | 35    | 96                                  | \$ 1,479.06  | \$ 15.41                     | .545                   | \$ 42.26         | \$ 8.40              |
| OUTPATIENT VISITS          | 10    | 12                                  | 356.29       | 29.69                        | .068                   | 35.63            | 2.02                 |
| OFFICE VISITS              | 10    | 12                                  | 356.29       | 29.69                        | .068                   | 35.63            | 2.02                 |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | 4.00         | .00                          | .000                   | .00              | .02                  |
| HOSPITAL VISITS            | 0     | 0                                   | 4.00         | .00                          | .000                   | .00              | .02                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 1     | 1                                   | 2.99         | 2.99                         | .006                   | 2.99             | .02                  |

|                              |   |                                     |    |              |    |                              |                        |                  |                      |
|------------------------------|---|-------------------------------------|----|--------------|----|------------------------------|------------------------|------------------|----------------------|
| RADIOLOGY                    | 4   | 8                                   |    | 252.60       |    | 31.58                        | .045                   | 63.15            | 1.44                 |
| PSYCHIATRY                   | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| IMMUNIZATION AND INJECTION   | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS   | 25  | 75                                  |    | 863.18       |    | 11.51                        | .426                   | 34.53            | 4.90                 |
| @PHARMACY                    | 136   | 2,320                               | \$ | 46,371.13    | \$ | 19.99                        | 13.182                 | \$ 340.96        | \$ 263.47            |
| PRESCRIPTION DRUGS           | 130   | 655                                 |    | 42,875.87    |    | 65.46                        | 3.722                  | 329.81           | 243.61               |
| SNF/ICF                      | 4   | 45                                  |    | 1,117.20     |    | 24.83                        | .256                   | 279.30           | 6.35                 |
| OUTPATIENTS                  | 126   | 610                                 |    | 41,758.67    |    | 68.46                        | 3.466                  | 331.42           | 237.27               |
| MEDICAL SUPPLIES             | 37  | 1,665                               |    | 3,495.26     |    | 2.10                         | 9.460                  | 94.47            | 19.86                |
| @DENTIST                     | 6   | 30                                  | \$ | 1,889.00     | \$ | 62.97                        | .170                   | \$ 314.83        | \$ 10.73             |
| VISITS - DIAGNOSTIC          | 4   | 9                                   |    | 236.00       |    | 26.22                        | .051                   | 59.00            | 1.34                 |
| ORAL SURGERY                 | 1   | 13                                  |    | 501.00       |    | 38.54                        | .074                   | 501.00           | 2.85                 |
| DRUGS                        | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| ANESTHESIA                   | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| PERIODONTICS                 | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| ENDODONTICS                  | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| RESTORATIVE DENTISTRY        | 1   | 6                                   |    | 252.00       |    | 42.00                        | .034                   | 252.00           | 1.43                 |
| PROSTHETICS                  | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| DENTURES, STAYPLATES         | 1   | 2                                   |    | 900.00       |    | 450.00                       | .011                   | 900.00           | 5.11                 |
| SPACE MAINTAINERS            | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| MAXILLOFACIAL SERVICES       | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| FRACTURES, DISLOCATIONS      | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| ORTHODONTIC SERVICES         | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| ALL OTHER SERVICES           | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                                     |    |              |    |                              |                        |                  |                      |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |                                     |    |              |    |                              |                        |                  |                      |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED                                    |                                     |    |              |    |                              |                        |                  |                      |
|                              | AID CODE 68   |                                     |    |              |    |                              |                        |                  |                      |
|                              | ----- MONTHLY AVERAGE -----   |                                     |    |              |    |                              |                        |                  |                      |
| 176 ELIGIBLES                | USERS   | UNITS OF SERVICE<br>OR DAYS OF CARE |    | EXPENDITURES |    | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 5   | 14                                  | \$ | 322.04       | \$ | 23.00                        | .080                   | \$ 64.41         | \$ 1.83              |
| DIAGNOSTIC AND ANC. PROCED   | 2   | 2                                   |    | 94.90        |    | 47.45                        | .011                   | 47.45            | .54                  |
| EYE APPLIANCES               | 3   | 9                                   |    | 159.33       |    | 17.70                        | .051                   | 53.11            | .91                  |
| OTHER OPTOMETRIC SERVICES    | 2   | 3                                   |    | 67.81        |    | 22.60                        | .017                   | 33.91            | .39                  |
| @CHIROPRACTOR                | 0   | 0                                   | \$ | .00          | \$ | .00                          | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 7   | 15                                  | \$ | 272.93       | \$ | 18.20                        | .085                   | \$ 38.99         | \$ 1.55              |
| MEDICINE/INJECTIONS          | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 7   | 15                                  |    | 272.93       |    | 18.20                        | .085                   | 38.99            | 1.55                 |
| @HOME HEALTH AGENCY          | 3   | 10                                  | \$ | 658.23       | \$ | 65.82                        | .057                   | \$ 219.41        | \$ 3.74              |
| NURSE ANESTHESIST            | 0   | 0                                   | \$ | .00          | \$ | .00                          | .000                   | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0   | 0                                   | \$ | .00          | \$ | .00                          | .000                   | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0   | 0                                   | \$ | .00          | \$ | .00                          | .000                   | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0   | 0                                   | \$ | .00          | \$ | .00                          | .000                   | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 17  | 56                                  | \$ | 2,625.91     | \$ | 46.89                        | .318                   | \$ 154.47        | \$ 14.92             |
| HOSP INPATIENT TOTAL         | 1   | 5                                   |    | 812.00       |    | 162.40                       | .028                   | 812.00           | 4.61                 |
| HSC HOSPITALS                | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0   | 0                                   |    | .00          |    | .00                          | .000                   | .00              | .00                  |

|                             |    |    |          |        |      |        |        |
|-----------------------------|----|----|----------|--------|------|--------|--------|
| INPATIENT CROSSOVERS        | 1  | 5  | 812.00   | 162.40 | .028 | 812.00 | 4.61   |
| ALL OTHER INPATIENT         | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| HOSP OUTPATIENT TOTAL       | 16 | 51 | 1,813.91 | 35.57  | .290 | 113.37 | 10.31  |
| MEDICAL                     | 3  | 4  | 403.69   | 100.92 | .023 | 134.56 | 2.29   |
| SURGERY                     | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 6  | 24 | 371.75   | 15.49  | .136 | 61.96  | 2.11   |
| RADIOLOGY                   | 5  | 5  | 271.07   | 54.21  | .028 | 54.21  | 1.54   |
| ROOM USE                    | 2  | 3  | 205.09   | 68.36  | .017 | 102.55 | 1.17   |
| CROSSOVERS/ALL OTH OUTPTNT  | 10 | 15 | 562.31   | 37.49  | .085 | 56.23  | 3.19   |
| @COUNTY HOSPITAL TOTAL      | 0  | 0  | \$ 3.45  | \$ .00 | .000 | \$ .00 | \$ .02 |
| CO HOSPITAL INPATIENT TOTAL | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| HSC HOSPITALS               | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| NON-HSC HOSPITALS TOTAL     | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| ACCOMMODATIONS              | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| ADMINISTRATIVE DAYS         | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| TRANSITIONAL IP CARE        | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| ALL OTHER ACCOM             | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| ANCILLARIES                 | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| INPATIENT CROSSOVERS        | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| ALL OTHER INPATIENT         | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| CO HOSP OUTPATIENT TOTAL    | 0  | 0  | 3.45     | .00    | .000 | .00    | .02    |
| MEDICAL                     | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| SURGERY                     | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| RADIOLOGY                   | 0  | 0  | .00      | .00    | .000 | .00    | .00    |
| ROOM USE                    | 0  | 0  | 3.45     | .00    | .000 | .00    | .02    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0  | 0  | .00      | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 675  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED      AID CODE 68

| 176 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL  | 17    | 56                                  | \$ 2,622.46  | \$ 46.83                     | .318                   | \$ 154.26        | \$ 14.90             |
| COMM HOSP INPATIENT TOTAL  | 1     | 5                                   | 812.00       | 162.40                       | .028                   | 812.00           | 4.61                 |
| HSC HOSPITALS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS       | 1     | 5                                   | 812.00       | 162.40                       | .028                   | 812.00           | 4.61                 |
| ALL OTHER INPATIENT        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL | 16    | 51                                  | 1,810.46     | 35.50                        | .290                   | 113.15           | 10.29                |
| MEDICAL                    | 3     | 4                                   | 403.69       | 100.92                       | .023                   | 134.56           | 2.29                 |
| SURGERY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 6     | 24                                  | 371.75       | 15.49                        | .136                   | 61.96            | 2.11                 |
| RADIOLOGY                  | 5     | 5                                   | 271.07       | 54.21                        | .028                   | 54.21            | 1.54                 |
| ROOM USE                   | 2     | 3                                   | 201.64       | 67.21                        | .017                   | 100.82           | 1.15                 |
| CROSSOVERS/ALL OTH OUTPTNT | 10    | 15                                  | 562.31       | 37.49                        | .085                   | 56.23            | 3.19                 |
| @STATE HOSPITAL            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY          | 6     | 80                                  | \$ 16,161.56 | \$ 202.02                    | .455                   | \$ 2693.59       | \$ 91.83             |
| LEV A-INTERMEDIATE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |    |    |    |           |        |      |          |          |
|------------------------------|----|----|----|-----------|--------|------|----------|----------|
| LEV B-REHAB MD               | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| LEV B-SUBACUTE FREESTANDING  | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| LEV B-SUBACUTE HSPTL BASED   | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| LEV B-TRANSITIONAL IP CARE   | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| LEV B-REGULAR                | 6  | 80 |    | 16,161.56 | 202.02 | .455 | 2693.59  | 91.83    |
| @INTERMEDIATE CARE FACIL.-DD | 0  | 0  | \$ | .00       | \$     | .000 | \$ .00   | \$ .00   |
| ICF DDH                      | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| ICF DD                       | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| ICF DDN/DDCN                 | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| @HEMODIALYSIS TOTAL          | 0  | 0  | \$ | .00       | \$     | .000 | \$ .00   | \$ .00   |
| HOSPITAL BASED               | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| HEMODIALYSIS CENTER          | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| @REHABILITATION FACILITY     | 0  | 0  | \$ | .00       | \$     | .000 | \$ .00   | \$ .00   |
| HOSPITAL BASED               | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| INDEPENDENT FACILITY         | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| @LABORATORY FACILITY         | 0  | 0  | \$ | .00       | \$     | .000 | \$ .00   | \$ .00   |
| PATHOLOGY                    | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| XO AND OTHERS                | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| @ORGANIZED OUTPATIENT CLINIC | 36 | 56 | \$ | 2,882.83  | \$     | .318 | \$ 80.08 | \$ 16.38 |
| CLINIC                       | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| SURGICENTER                  | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| HEROIN DETOX CLINIC          | 0  | 0  |    | .00       | .00    | .000 | .00      | .00      |
| RURAL HEALTH CLINIC          | 36 | 56 |    | 2,882.83  | 51.48  | .318 | 80.08    | 16.38    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 676  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED      AID CODE 68

| 176 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS       | 42    | 1,605                               | \$ 10,944.95 | \$ 6.82                      | 9.119                  | \$ 260.59        | \$ 62.19             |
| DURABLE MED. EQUIP.        | 7     | 13                                  | 2,506.89     | 192.84                       | .074                   | 358.13           | 14.24                |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS     | 1     | 2                                   | 1,131.04     | 565.52                       | .011                   | 1131.04          | 6.43                 |
| MEDICAL TRANSPORTATION     | 12    | 159                                 | 832.31       | 5.23                         | .903                   | 69.36            | 4.73                 |
| AMBULANCES/AIR TRANS       | 1     | 5                                   | 151.25       | 30.25                        | .028                   | 151.25           | .86                  |
| OTHER TRANS                | 5     | 106                                 | 359.14       | 3.39                         | .602                   | 71.83            | 2.04                 |
| OTHER SERVICES             | 6     | 48                                  | 321.92       | 6.71                         | .273                   | 53.65            | 1.83                 |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 7     | 27                                  | 2,792.77     | 103.44                       | .153                   | 398.97           | 15.87                |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                   | 4     | 8                                   | 104.32       | 13.04                        | .045                   | 26.08            | .59                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS     | 2     | 2                                   | 355.05       | 177.53                       | .011                   | 177.53           | 2.02                 |
| PROSTHETICS                | 1     | 1                                   | 332.00       | 332.00                       | .006                   | 332.00           | 1.89                 |
| ORTHOTICS                  | 1     | 1                                   | 23.05        | 23.05                        | .006                   | 23.05            | .13                  |
| PSYCHOLOGIST               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPICE SERVICES           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NONINST BIRTHING CENTERS   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                               |    |       |    |           |    |       |       |           |          |
|-------------------------------|----|-------|----|-----------|----|-------|-------|-----------|----------|
| ALL OTHER PROVIDERS           | 22 | 1,394 |    | 3,222.57  |    | 2.31  | 7.920 | 146.48    | 18.31    |
| @CALIF. CHILDREN SERVICES*    | 2  | 3     | \$ | 213.45    | \$ | 71.15 | .017  | \$ 106.73 | \$ 1.21  |
| @XOVER EXCLUDING STATE HOSP** | 50 | 1,553 | \$ | 13,543.89 | \$ | 8.72  | 8.824 | \$ 270.88 | \$ 76.95 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 677

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

| 542 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 430   | 13,651                              | \$ 223,196.86 | \$ 16.35                     | 25.186                                    | \$ 519.06        | \$ 411.80            |
| @PHYSICIANS SERVICES       | 93    | 269                                 | \$ 3,115.58   | \$ 11.58                     | .496                                      | \$ 33.50         | \$ 5.75              |
| OUTPATIENT VISITS          | 10    | 12                                  | 356.29        | 29.69                        | .022                                      | 35.63            | .66                  |
| OFFICE VISITS              | 10    | 12                                  | 356.29        | 29.69                        | .022                                      | 35.63            | .66                  |
| HOME VISITS                | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | 4.00          | .00                          | .000                                      | .00              | .01                  |
| HOSPITAL VISITS            | 0     | 0                                   | 4.00          | .00                          | .000                                      | .00              | .01                  |
| CRITICAL CARE              | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| PATHOLOGY                  | 1     | 1                                   | 2.99          | 2.99                         | .002                                      | 2.99             | .01                  |
| RADIOLOGY                  | 4     | 8                                   | 252.60        | 31.58                        | .015                                      | 63.15            | .47                  |
| PSYCHIATRY                 | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 83    | 248                                 | 2,499.70      | 10.08                        | .458                                      | 30.12            | 4.61                 |
| @PHARMACY                  | 363   | 3,515                               | \$ 104,923.08 | \$ 29.85                     | 6.485                                     | \$ 289.04        | \$ 193.59            |
| PRESCRIPTION DRUGS         | 354   | 1,605                               | 100,173.43    | 62.41                        | 2.961                                     | 282.98           | 184.82               |
| SNF/ICF                    | 17    | 124                                 | 4,821.12      | 38.88                        | .229                                      | 283.60           | 8.90                 |
| OUTPATIENTS                | 338   | 1,481                               | 95,352.31     | 64.38                        | 2.732                                     | 282.11           | 175.93               |
| MEDICAL SUPPLIES           | 57    | 1,910                               | 4,749.65      | 2.49                         | 3.524                                     | 83.33            | 8.76                 |
| @DENTIST                   | 12    | 46                                  | \$ 2,560.00   | \$ 55.65                     | .085                                      | \$ 213.33        | \$ 4.72              |
| VISITS - DIAGNOSTIC        | 7     | 19                                  | 314.00        | 16.53                        | .035                                      | 44.86            | .58                  |
| ORAL SURGERY               | 2     | 15                                  | 624.00        | 41.60                        | .028                                      | 312.00           | 1.15                 |
| DRUGS                      | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| ANESTHESIA                 | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| PERIODONTICS               | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| ENDODONTICS                | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| RESTORATIVE DENTISTRY      | 1     | 6                                   | 252.00        | 42.00                        | .011                                      | 252.00           | .46                  |
| PROSTHETICS                | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |

|                         |   |   |          |        |      |        |      |
|-------------------------|---|---|----------|--------|------|--------|------|
| DENTURES, STAYPLATES    | 4 | 6 | 1,370.00 | 228.33 | .011 | 342.50 | 2.53 |
| SPACE MAINTAINERS       | 0 | 0 | .00      | .00    | .000 | .00    | .00  |
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00      | .00    | .000 | .00    | .00  |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00      | .00    | .000 | .00    | .00  |
| ORTHODONTIC SERVICES    | 0 | 0 | .00      | .00    | .000 | .00    | .00  |
| ALL OTHER SERVICES      | 0 | 0 | .00      | .00    | .000 | .00    | .00  |

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT

PAGE 678

01/17/03

| 542 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @OPTOMETRIST                 | 18    | 40                                  | \$ 759.79    | \$ 18.99                     | .074                                   | \$ 42.21         | \$ 1.40              |
| DIAGNOSTIC AND ANC. PROCED   | 7     | 7                                   | 134.95       | 19.28                        | .013                                   | 19.28            | .25                  |
| EYE APPLIANCES               | 8     | 26                                  | 436.16       | 16.78                        | .048                                   | 54.52            | .80                  |
| OTHER OPTOMETRIC SERVICES    | 7     | 7                                   | 188.68       | 26.95                        | .013                                   | 26.95            | .35                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| @PODIATRIST                  | 10    | 18                                  | \$ 311.94    | \$ 17.33                     | .033                                   | \$ 31.19         | \$ .58               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OTHER                        | 10    | 18                                  | 311.94       | 17.33                        | .033                                   | 31.19            | .58                  |
| @HOME HEALTH AGENCY          | 3     | 10                                  | \$ 658.23    | \$ 65.82                     | .018                                   | \$ 219.41        | \$ 1.21              |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                   | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| @TOTAL HOSPITAL              | 36    | 246                                 | \$ 11,058.11 | \$ 44.95                     | .454                                   | \$ 307.17        | \$ 20.40             |
| HOSP INPATIENT TOTAL         | 10    | 33                                  | 7,083.11     | 214.64                       | .061                                   | 708.31           | 13.07                |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |

|                             |    |     |          |        |      |        |        |
|-----------------------------|----|-----|----------|--------|------|--------|--------|
| NON-HSC HOSPITAL TOTAL      | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| ACCOMMODATIONS              | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| ADMINISTRATIVE DAYS         | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| TRANSITIONAL IP CARE        | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| ALL OTHER ACCOM             | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| ANCILLARIES                 | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| INPATIENT CROSSOVERS        | 10 | 33  | 7,083.11 | 214.64 | .061 | 708.31 | 13.07  |
| ALL OTHER INPATIENT         | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| HOSP OUTPATIENT TOTAL       | 26 | 213 | 3,975.00 | 18.66  | .393 | 152.88 | 7.33   |
| MEDICAL                     | 3  | 4   | 403.69   | 100.92 | .007 | 134.56 | .74    |
| SURGERY                     | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 6  | 24  | 371.75   | 15.49  | .044 | 61.96  | .69    |
| RADIOLOGY                   | 5  | 5   | 271.07   | 54.21  | .009 | 54.21  | .50    |
| ROOM USE                    | 2  | 3   | 205.09   | 68.36  | .006 | 102.55 | .38    |
| CROSSOVERS/ALL OTH OUTPTNT  | 20 | 177 | 2,723.40 | 15.39  | .327 | 136.17 | 5.02   |
| @COUNTY HOSPITAL TOTAL      | 0  | 0   | \$ 3.45  | \$ .00 | .000 | \$ .00 | \$ .01 |
| CO HOSPITAL INPATIENT TOTAL | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| HSC HOSPITALS               | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| NON-HSC HOSPITALS TOTAL     | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| ACCOMMODATIONS              | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| ADMINISTRATIVE DAYS         | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| TRANSITIONAL IP CARE        | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| ALL OTHER ACCOM             | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| ANCILLARIES                 | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| INPATIENT CROSSOVERS        | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| ALL OTHER INPATIENT         | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| CO HOSP OUTPATIENT TOTAL    | 0  | 0   | 3.45     | .00    | .000 | .00    | .01    |
| MEDICAL                     | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| SURGERY                     | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| RADIOLOGY                   | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| ROOM USE                    | 0  | 0   | 3.45     | .00    | .000 | .00    | .01    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0  | 0   | .00      | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 679  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT

| 542 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL  | 36    | 246                                 | \$ 11,054.66 | \$ 44.94                     | .454                   | \$ 307.07        | \$ 20.40             |
| COMM HOSP INPATIENT TOTAL  | 10    | 33                                  | 7,083.11     | 214.64                       | .061                   | 708.31           | 13.07                |
| HSC HOSPITALS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS       | 10    | 33                                  | 7,083.11     | 214.64                       | .061                   | 708.31           | 13.07                |
| ALL OTHER INPATIENT        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL | 26    | 213                                 | 3,971.55     | 18.65                        | .393                   | 152.75           | 7.33                 |
| MEDICAL                    | 3     | 4                                   | 403.69       | 100.92                       | .007                   | 134.56           | .74                  |
| SURGERY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 6     | 24                                  | 371.75       | 15.49                        | .044                   | 61.96            | .69                  |
| RADIOLOGY                  | 5     | 5                                   | 271.07       | 54.21                        | .009                   | 54.21            | .50                  |
| ROOM USE                   | 2     | 3                                   | 201.64       | 67.21                        | .006                   | 100.82           | .37                  |

|                              |    |     |    |           |    |        |      |            |          |
|------------------------------|----|-----|----|-----------|----|--------|------|------------|----------|
| CROSSOVERS/ALL OTH OUTPTNT   | 20 | 177 |    | 2,723.40  |    | 15.39  | .327 | 136.17     | 5.02     |
| @STATE HOSPITAL              | 0  | 0   | \$ | .00       | \$ | .00    | .000 | \$ .00     | \$ .00   |
| MENTALLY ILL                 | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| DEVELOP. DISABLED            | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| @NURSING FACILITY            | 15 | 316 | \$ | 53,199.44 | \$ | 168.35 | .583 | \$ 3546.63 | \$ 98.15 |
| LEV A-INTERMEDIATE           | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| LEV B-REHAB MD               | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| LEV B-SUBACUTE FREESTANDING  | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| LEV B-SUBACUTE HSPTL BASED   | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| LEV B-TRANSITIONAL IP CARE   | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| LEV B-REGULAR                | 15 | 316 |    | 53,199.44 |    | 168.35 | .583 | 3546.63    | 98.15    |
| @INTERMEDIATE CARE FACIL.-DD | 0  | 0   | \$ | .00       | \$ | .00    | .000 | \$ .00     | \$ .00   |
| ICF DDH                      | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| ICF DD                       | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| ICF DDN/DDCN                 | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| @HEMODIALYSIS TOTAL          | 0  | 0   | \$ | 346.61    | \$ | .00    | .000 | \$ .00     | \$ .64   |
| HOSPITAL BASED               | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| HEMODIALYSIS CENTER          | 0  | 0   |    | 346.61    |    | .00    | .000 | .00        | .64      |
| @REHABILITATION FACILITY     | 0  | 0   | \$ | .00       | \$ | .00    | .000 | \$ .00     | \$ .00   |
| HOSPITAL BASED               | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| INDEPENDENT FACILITY         | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| @LABORATORY FACILITY         | 0  | 0   | \$ | .00       | \$ | .00    | .000 | \$ .00     | \$ .00   |
| PATHOLOGY                    | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| XO AND OTHERS                | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| @ORGANIZED OUTPATIENT CLINIC | 45 | 66  | \$ | 3,291.84  | \$ | 49.88  | .122 | \$ 73.15   | \$ 6.07  |
| CLINIC                       | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| SURGICENTER                  | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| HEROIN DETOX CLINIC          | 0  | 0   |    | .00       |    | .00    | .000 | .00        | .00      |
| RURAL HEALTH CLINIC          | 45 | 66  |    | 3,291.84  |    | 49.88  | .122 | 73.15      | 6.07     |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      680  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR      IN HOME SUPPORT

| 542 ELIGIBLES                  | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                                |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS           | 177   | 9,125                               | \$ 42,972.24 | \$ 4.71                      | 16.836                 | \$ 242.78        | \$ 79.28             |
| DURABLE MED. EQUIP.            | 11    | 24                                  | 2,881.38     | 120.06                       | .044                   | 261.94           | 5.32                 |
| BLOOD BANK                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS         | 1     | 2                                   | 1,131.04     | 565.52                       | .004                   | 1131.04          | 2.09                 |
| MEDICAL TRANSPORTATION         | 28    | 505                                 | 2,074.62     | 4.11                         | .932                   | 74.09            | 3.83                 |
| AMBULANCES/AIR TRANS           | 1     | 5                                   | 151.25       | 30.25                        | .009                   | 151.25           | .28                  |
| OTHER TRANS                    | 7     | 147                                 | 477.20       | 3.25                         | .271                   | 68.17            | .88                  |
| OTHER SERVICES                 | 20    | 353                                 | 1,446.17     | 4.10                         | .651                   | 72.31            | 2.67                 |
| ACUPUNCTURE                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 63    | 476                                 | 23,854.46    | 50.11                        | .878                   | 378.64           | 44.01                |
| OCCUPATIONAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                       | 9     | 18                                  | 215.84       | 11.99                        | .033                   | 23.98            | .40                  |
| PHYSICAL THERAPIST             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS         | 2     | 2                                   | 355.05       | 177.53                       | .004                   | 177.53           | .66                  |
| PROSTHETICS                    | 1     | 1                                   | 332.00       | 332.00                       | .002                   | 332.00           | .61                  |
| ORTHOTICS                      | 1     | 1                                   | 23.05        | 23.05                        | .002                   | 23.05            | .04                  |
| PSYCHOLOGIST                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |



|                               |     |       |    |           |          |        |           |          |
|-------------------------------|-----|-------|----|-----------|----------|--------|-----------|----------|
| HOSPICE SERVICES              | 2   | 18    |    | 1,905.84  | 105.88   | .033   | 952.92    | 3.52     |
| NONINST BIRTHING CENTERS      | 0   | 0     |    | .00       | .00      | .000   | .00       | .00      |
| LOCAL EDUCATION AGENCIES      | 0   | 0     |    | .00       | .00      | .000   | .00       | .00      |
| EPSDT SUPPLEMENTAL SERVICE    | 0   | 0     |    | .00       | .00      | .000   | .00       | .00      |
| RESPIRATORY CARE PRACT.       | 0   | 0     |    | .00       | .00      | .000   | .00       | .00      |
| PED SUBACUTE REHAB/WEANING    | 0   | 0     |    | .00       | .00      | .000   | .00       | .00      |
| ALL OTHER PROVIDERS           | 109 | 8,080 |    | 10,554.01 | 1.31     | 14.908 | 96.83     | 19.47    |
| @CALIF. CHILDREN SERVICES*    | 2   | 3     | \$ | 213.45    | \$ 71.15 | .006   | \$ 106.73 | \$ .39   |
| @XOVER EXCLUDING STATE HOSP** | 182 | 2,416 | \$ | 40,690.43 | \$ 16.84 | 4.458  | \$ 223.57 | \$ 75.07 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |          |
|----------------------------|---|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 681 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED                                      |          |

| 1,707 ELIGIBLES            | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 1,347 | 21,006                              | \$ 552,293.61 | \$ 26.29                     | 12.306                                 | \$ 410.02        | \$ 323.55            |
| @PHYSICIANS SERVICES       | 296   | 829                                 | \$ 8,140.37   | \$ 9.82                      | .486                                   | \$ 27.50         | \$ 4.77              |
| OUTPATIENT VISITS          | 1     | 2                                   | 48.00         | 24.00                        | .001                                   | 48.00            | .03                  |
| OFFICE VISITS              | 1     | 2                                   | 48.00         | 24.00                        | .001                                   | 48.00            | .03                  |
| HOME VISITS                | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| RADIOLOGY                  | 2     | 2                                   | 31.16         | 15.58                        | .001                                   | 15.58            | .02                  |
| PSYCHIATRY                 | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00           | .00                          | .000                                   | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 293   | 825                                 | 8,061.21      | 9.77                         | .483                                   | 27.51            | 4.72                 |
| @PHARMACY                  | 1,147 | 6,688                               | \$ 270,154.47 | \$ 40.39                     | 3.918                                  | \$ 235.53        | \$ 158.26            |
| PRESCRIPTION DRUGS         | 1,140 | 4,434                               | 265,012.48    | 59.77                        | 2.598                                  | 232.47           | 155.25               |
| SNF/ICF                    | 40    | 299                                 | 12,626.16     | 42.23                        | .175                                   | 315.65           | 7.40                 |
| OUTPATIENTS                | 1,103 | 4,135                               | 252,386.32    | 61.04                        | 2.422                                  | 228.82           | 147.85               |
| MEDICAL SUPPLIES           | 83    | 2,254                               | 5,141.99      | 2.28                         | 1.320                                  | 61.95            | 3.01                 |
| @DENTIST                   | 62    | 185                                 | \$ 12,201.00  | \$ 65.95                     | .108                                   | \$ 196.79        | \$ 7.15              |
| VISITS - DIAGNOSTIC        | 33    | 116                                 | 1,541.00      | 13.28                        | .068                                   | 46.70            | .90                  |
| ORAL SURGERY               | 9     | 15                                  | 1,068.00      | 71.20                        | .009                                   | 118.67           | .63                  |

|                         |    |    |          |        |      |        |      |
|-------------------------|----|----|----------|--------|------|--------|------|
| DRUGS                   | 0  | 0  | .00      | .00    | .000 | .00    | .00  |
| ANESTHESIA              | 0  | 0  | .00      | .00    | .000 | .00    | .00  |
| PERIODONTICS            | 1  | 1  | 200.00   | 200.00 | .001 | 200.00 | .12  |
| ENDODONTICS             | 3  | 3  | 690.00   | 230.00 | .002 | 230.00 | .40  |
| RESTORATIVE DENTISTRY   | 11 | 22 | 2,362.00 | 107.36 | .013 | 214.73 | 1.38 |
| PROSTHETICS             | 0  | 0  | .00      | .00    | .000 | .00    | .00  |
| DENTURES, STAYPLATES    | 19 | 27 | 6,340.00 | 234.81 | .016 | 333.68 | 3.71 |
| SPACE MAINTAINERS       | 0  | 0  | .00      | .00    | .000 | .00    | .00  |
| MAXILLOFACIAL SERVICES  | 0  | 0  | .00      | .00    | .000 | .00    | .00  |
| FRACTURES, DISLOCATIONS | 0  | 0  | .00      | .00    | .000 | .00    | .00  |
| ORTHODONTIC SERVICES    | 0  | 0  | .00      | .00    | .000 | .00    | .00  |
| ALL OTHER SERVICES      | 1  | 1  | .00      | .00    | .001 | .00    | .00  |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      682  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

| 1,707 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST                 | 86    | 168                                 | \$ 3,529.52  | \$ 21.01                     | .098                                      | \$ 41.04         | \$ 2.07              |
| DIAGNOSTIC AND ANC. PROCED   | 36    | 36                                  | 434.34       | 12.07                        | .021                                      | 12.07            | .25                  |
| EYE APPLIANCES               | 38    | 104                                 | 2,487.85     | 23.92                        | .061                                      | 65.47            | 1.46                 |
| OTHER OPTOMETRIC SERVICES    | 22    | 28                                  | 607.33       | 21.69                        | .016                                      | 27.61            | .36                  |
| @CHIROPRACTOR                | 5     | 7                                   | \$ 94.30     | \$ 13.47                     | .004                                      | \$ 18.86         | \$ .06               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES               | 5     | 7                                   | 94.30        | 13.47                        | .004                                      | 18.86            | .06                  |
| @PODIATRIST                  | 41    | 53                                  | \$ 747.55    | \$ 14.10                     | .031                                      | \$ 18.23         | \$ .44               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER                        | 41    | 53                                  | 747.55       | 14.10                        | .031                                      | 18.23            | .44                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 1     | 1                                   | \$ 22.30     | \$ 22.30                     | .001                                      | \$ 22.30         | \$ .01               |
| NURSE MIDWIFE                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @TOTAL HOSPITAL              | 71    | 379                                 | \$ 39,413.07 | \$ 103.99                    | .222                                      | \$ 555.11        | \$ 23.09             |
| HOSP INPATIENT TOTAL         | 27    | 100                                 | 33,906.46    | 339.06                       | .059                                      | 1255.79          | 19.86                |
| HSC HOSPITALS                | 3     | 23                                  | 15,776.71    | 685.94                       | .013                                      | 5258.90          | 9.24                 |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | 406.24       | .00                          | .000                                      | .00              | .24                  |
| ACCOMMODATIONS               | 0     | 0                                   | 406.12       | .00                          | .000                                      | .00              | .24                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | 3.66         | .00                          | .000                                      | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | 402.46       | .00                          | .000                                      | .00              | .24                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .12          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT CROSSOVERS         | 24    | 77                                  | 17,723.25    | 230.17                       | .045                                      | 738.47           | 10.38                |
| ALL OTHER INPATIENT          | 0     | 0                                   | .26          | .00                          | .000                                      | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 45    | 279                                 | 5,506.61     | 19.74                        | .163                                      | 122.37           | 3.23                 |
| MEDICAL                      | 0     | 0                                   | 50.90        | .00                          | .000                                      | .00              | .03                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RADIOLOGY                    | 1     | 1                                   | 49.97        | 49.97                        | .001                                      | 49.97            | .03                  |
| ROOM USE                     | 1     | 2                                   | 56.00        | 28.00                        | .001                                      | 56.00            | .03                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 43    | 276                                 | 5,349.74     | 19.38                        | .162                                      | 124.41           | 3.13                 |
| @COUNTY HOSPITAL TOTAL       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

|                            |   |   |     |     |      |     |     |
|----------------------------|---|---|-----|-----|------|-----|-----|
| NON-HSC HOSPITALS TOTAL    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS             | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS        | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM            | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES                | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT        | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE                   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      683  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

|                           | 1,707 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 71              |       | 379                                 | \$ 39,413.07 | \$ 103.99                    | .222   | \$ 555.11        | \$ 23.09             |
| COMM HOSP INPATIENT TOTAL | 27              |       | 100                                 | 33,906.46    | 339.06                       | .059   | 1255.79          | 19.86                |
| HSC HOSPITALS             | 3               |       | 23                                  | 15,776.71    | 685.94                       | .013   | 5258.90          | 9.24                 |
| NON-HSC HOSPITALS TOTAL   | 0               |       | 0                                   | 406.24       | .00                          | .000   | .00              | .24                  |
| ACCOMMODATIONS            | 0               |       | 0                                   | 406.12       | .00                          | .000   | .00              | .24                  |
| ADMINISTRATIVE DAYS       | 0               |       | 0                                   | 3.66         | .00                          | .000   | .00              | .00                  |
| TRANSITIONAL IP CARE      | 0               |       | 0                                   | 402.46       | .00                          | .000   | .00              | .24                  |
| ALL OTHER ACCOM           | 0               |       | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| ANCILLARIES               | 0               |       | 0                                   | .12          | .00                          | .000   | .00              | .00                  |
| INPATIENT CROSSOVERS      | 24              |       | 77                                  | 17,723.25    | 230.17                       | .045   | 738.47           | 10.38                |
| ALL OTHER INPATIENT       | 0               |       | 0                                   | .26          | .00                          | .000   | .00              | .00                  |

|                              |     |     |    |            |           |      |            |          |
|------------------------------|-----|-----|----|------------|-----------|------|------------|----------|
| COMM HOSP OUTPATIENT TOTAL   | 45  | 279 |    | 5,506.61   | 19.74     | .163 | 122.37     | 3.23     |
| MEDICAL                      | 0   | 0   |    | 50.90      | .00       | .000 | .00        | .03      |
| SURGERY                      | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| PATHOLOGY                    | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| RADIOLOGY                    | 1   | 1   |    | 49.97      | 49.97     | .001 | 49.97      | .03      |
| ROOM USE                     | 1   | 2   |    | 56.00      | 28.00     | .001 | 56.00      | .03      |
| CROSSOVERS/ALL OTH OUTPTNT   | 43  | 276 |    | 5,349.74   | 19.38     | .162 | 124.41     | 3.13     |
| @STATE HOSPITAL              | 0   | 0   | \$ | .00        | \$ .00    | .000 | \$ .00     | \$ .00   |
| MENTALLY ILL                 | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| DEVELOP. DISABLED            | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| @NURSING FACILITY            | 39  | 839 | \$ | 117,923.38 | \$ 140.55 | .492 | \$ 3023.68 | \$ 69.08 |
| LEV A-INTERMEDIATE           | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| LEV B-REHAB MD               | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| LEV B-SUBACUTE FREESTANDING  | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| LEV B-REGULAR                | 39  | 839 |    | 117,923.38 | 140.55    | .492 | 3023.68    | 69.08    |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0   | \$ | .00        | \$ .00    | .000 | \$ .00     | \$ .00   |
| ICF DDH                      | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| ICF DD                       | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| ICF DDN/DDCN                 | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| @HEMODIALYSIS TOTAL          | 9   | 16  | \$ | 6,576.68   | \$ 411.04 | .009 | \$ 730.74  | \$ 3.85  |
| HOSPITAL BASED               | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| HEMODIALYSIS CENTER          | 9   | 16  |    | 6,576.68   | 411.04    | .009 | 730.74     | 3.85     |
| @REHABILITATION FACILITY     | 0   | 0   | \$ | .00        | \$ .00    | .000 | \$ .00     | \$ .00   |
| HOSPITAL BASED               | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| INDEPENDENT FACILITY         | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| @LABORATORY FACILITY         | 5   | 7   | \$ | 98.84      | \$ 14.12  | .004 | \$ 19.77   | \$ .06   |
| PATHOLOGY                    | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| XO AND OTHERS                | 5   | 7   |    | 98.84      | 14.12     | .004 | 19.77      | .06      |
| @ORGANIZED OUTPATIENT CLINIC | 126 | 190 | \$ | 6,399.11   | \$ 33.68  | .111 | \$ 50.79   | \$ 3.75  |
| CLINIC                       | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| SURGICENTER                  | 2   | 2   |    | 387.80     | 193.90    | .001 | 193.90     | .23      |
| HEROIN DETOX CLINIC          | 0   | 0   |    | .00        | .00       | .000 | .00        | .00      |
| RURAL HEALTH CLINIC          | 125 | 188 |    | 6,011.31   | 31.98     | .110 | 48.09      | 3.52     |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      684  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

|                            |       |                                     |              |                              | ----- MONTHLY AVERAGE ----- |                  |                      |  |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 1,707 ELIGIBLES            | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @ALL OTHER PROVIDERS       | 415   | 11,644                              | \$ 86,993.02 | \$ 7.47                      | 6.821                       | \$ 209.62        | \$ 50.96             |  |
| DURABLE MED. EQUIP.        | 15    | 26                                  | 1,367.30     | 52.59                        | .015                        | 91.15            | .80                  |  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| HEARING AID DISPENSERS     | 7     | 14                                  | 3,905.82     | 278.99                       | .008                        | 557.97           | 2.29                 |  |
| MEDICAL TRANSPORTATION     | 42    | 760                                 | 3,223.30     | 4.24                         | .445                        | 76.75            | 1.89                 |  |
| AMBULANCES/AIR TRANS       | 1     | 12                                  | 249.82       | 20.82                        | .007                        | 249.82           | .15                  |  |
| OTHER TRANS                | 5     | 70                                  | 248.07       | 3.54                         | .041                        | 49.61            | .15                  |  |
| OTHER SERVICES             | 37    | 678                                 | 2,725.41     | 4.02                         | .397                        | 73.66            | 1.60                 |  |
| ACUPUNCTURE                | 11    | 46                                  | 789.36       | 17.16                        | .027                        | 71.76            | .46                  |  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 157   | 796                                 | 50,658.93    | 63.64                        | .466                        | 322.67           | 29.68                |  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| OPTICIAN                   | 36    | 84                                  | 992.84       | 11.82                        | .049                        | 27.58            | .58                  |  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |

|                               |     |       |              |          |       |           |          |
|-------------------------------|-----|-------|--------------|----------|-------|-----------|----------|
| PORTABLE X-RAY                | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| PROSTHETIST/ORTHOTISTS        | 3   | 10    | 371.30       | 37.13    | .006  | 123.77    | .22      |
| PROSTHETICS                   | 3   | 10    | 371.30       | 37.13    | .006  | 123.77    | .22      |
| ORTHOTICS                     | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| PSYCHOLOGIST                  | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| SPEECH AND AUDIOLOGY          | 2   | 3     | 1,377.97     | 459.32   | .002  | 688.99    | .81      |
| HOSPICE SERVICES              | 5   | 53    | 5,879.70     | 110.94   | .031  | 1175.94   | 3.44     |
| NONINST BIRTHING CENTERS      | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| LOCAL EDUCATION AGENCIES      | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| EPSDT SUPPLEMENTAL SERVICE    | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| RESPIRATORY CARE PRACT.       | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| PED SUBACUTE REHAB/WEANING    | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| ALL OTHER PROVIDERS           | 227 | 9,852 | 18,426.50    | 1.87     | 5.772 | 81.17     | 10.79    |
| @CALIF. CHILDREN SERVICES*    | 1   | 2     | \$ 149.92    | \$ 74.96 | .001  | \$ 149.92 | \$ .09   |
| @XOVER EXCLUDING STATE HOSP** | 544 | 2,605 | \$ 80,522.70 | \$ 30.91 | 1.526 | \$ 148.02 | \$ 47.17 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |          |
|----------------------------|---|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 685 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND                                     |          |

| 78 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 72    | 16,127                              | \$ 67,366.28 | \$ 4.18                      | 206.756                                   | \$ 935.64        | \$ 863.67            |
| @PHYSICIANS SERVICES       | 32    | 192                                 | \$ 6,901.03  | \$ 35.94                     | 2.462                                     | \$ 215.66        | \$ 88.47             |
| OUTPATIENT VISITS          | 8     | 9                                   | 439.73       | 48.86                        | .115                                      | 54.97            | 5.64                 |
| OFFICE VISITS              | 8     | 8                                   | 344.25       | 43.03                        | .103                                      | 43.03            | 4.41                 |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EMERGENCY ROOM             | 1     | 1                                   | 95.48        | 95.48                        | .013                                      | 95.48            | 1.22                 |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT VISITS           | 4     | 41                                  | 2,955.34     | 72.08                        | .526                                      | 738.84           | 37.89                |
| HOSPITAL VISITS            | 4     | 36                                  | 1,936.16     | 53.78                        | .462                                      | 484.04           | 24.82                |
| CRITICAL CARE              | 1     | 5                                   | 1,019.18     | 203.84                       | .064                                      | 1019.18          | 13.07                |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 5     | 25                                  | 2,356.51     | 94.26                        | .321                                      | 471.30           | 30.21                |
| PRINCIPAL SURGEON          | 2     | 4                                   | 1,819.08     | 454.77                       | .051                                      | 909.54           | 23.32                |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANESTHESIOLOGIST           | 3     | 21                                  | 537.43       | 25.59                        | .269                                      | 179.14           | 6.89                 |
| OUTPATIENT SURGERY         | 1     | 1                                   | 44.68        | 44.68                        | .013                                      | 44.68            | .57                  |
| PRINCIPAL SURGEON          | 1     | 1                                   | 44.68        | 44.68                        | .013                                      | 44.68            | .57                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PATHOLOGY                  | 2     | 7                                   | 236.93       | 33.85                        | .090                                      | 118.47           | 3.04                 |
| RADIOLOGY                  | 4     | 9                                   | 259.90       | 28.88                        | .115                                      | 64.98            | 3.33                 |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 21    | 100                                 | 607.94       | 6.08                         | 1.282                                     | 28.95            | 7.79                 |
| @PHARMACY                  | 58    | 2,195                               | \$ 14,627.62 | \$ 6.66                      | 28.141                                    | \$ 252.20        | \$ 187.53            |
| PRESCRIPTION DRUGS         | 57    | 250                                 | 13,391.19    | 53.56                        | 3.205                                     | 234.93           | 171.68               |

|                         |    |       |           |           |        |           |          |
|-------------------------|----|-------|-----------|-----------|--------|-----------|----------|
| SNF/ICF                 | 0  | 0     | .00       | .00       | .000   | .00       | .00      |
| OUTPATIENTS             | 57 | 250   | 13,391.19 | 53.56     | 3.205  | 234.93    | 171.68   |
| MEDICAL SUPPLIES        | 5  | 1,945 | 1,236.43  | .64       | 24.936 | 247.29    | 15.85    |
| @DENTIST                | 2  | 3     | \$ 915.00 | \$ 305.00 | .038   | \$ 457.50 | \$ 11.73 |
| VISITS - DIAGNOSTIC     | 1  | 1     | 15.00     | 15.00     | .013   | 15.00     | .19      |
| ORAL SURGERY            | 0  | 0     | .00       | .00       | .000   | .00       | .00      |
| DRUGS                   | 0  | 0     | .00       | .00       | .000   | .00       | .00      |
| ANESTHESIA              | 0  | 0     | .00       | .00       | .000   | .00       | .00      |
| PERIODONTICS            | 0  | 0     | .00       | .00       | .000   | .00       | .00      |
| ENDODONTICS             | 0  | 0     | .00       | .00       | .000   | .00       | .00      |
| RESTORATIVE DENTISTRY   | 0  | 0     | .00       | .00       | .000   | .00       | .00      |
| PROSTHETICS             | 0  | 0     | .00       | .00       | .000   | .00       | .00      |
| DENTURES, STAYPLATES    | 1  | 2     | 900.00    | 450.00    | .026   | 900.00    | 11.54    |
| SPACE MAINTAINERS       | 0  | 0     | .00       | .00       | .000   | .00       | .00      |
| MAXILLOFACIAL SERVICES  | 0  | 0     | .00       | .00       | .000   | .00       | .00      |
| FRACTURES, DISLOCATIONS | 0  | 0     | .00       | .00       | .000   | .00       | .00      |
| ORTHODONTIC SERVICES    | 0  | 0     | .00       | .00       | .000   | .00       | .00      |
| ALL OTHER SERVICES      | 0  | 0     | .00       | .00       | .000   | .00       | .00      |

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

PAGE 686  
01/17/03

| 78 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @OPTOMETRIST                 | 3     | 8                                   | \$ 728.41    | \$ 91.05                     | .103   | \$ 242.80        | \$ 9.34              |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| EYE APPLIANCES               | 3     | 8                                   | 728.41       | 91.05                        | .103   | 242.80           | 9.34                 |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 1     | 5                                   | \$ 374.30    | \$ 74.86                     | .064   | \$ 374.30        | \$ 4.80              |
| NURSE ANESTHESIST            | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| NURSE MIDWIFE                | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| @TOTAL HOSPITAL              | 14    | 55                                  | \$ 25,345.57 | \$ 460.83                    | .705   | \$ 1810.40       | \$ 324.94            |
| HOSP INPATIENT TOTAL         | 2     | 21                                  | 23,940.00    | 1140.00                      | .269   | 11970.00         | 306.92               |
| HSC HOSPITALS                | 2     | 21                                  | 23,940.00    | 1140.00                      | .269   | 11970.00         | 306.92               |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 14    | 34                                  | 1,405.57     | 41.34                        | .436   | 100.40           | 18.02                |
| MEDICAL                      | 6     | 6                                   | 463.25       | 77.21                        | .077   | 77.21            | 5.94                 |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| PATHOLOGY                    | 4     | 9                                   | 141.92       | 15.77                        | .115   | 35.48            | 1.82                 |

|                             |   |    |        |        |      |        |          |
|-----------------------------|---|----|--------|--------|------|--------|----------|
| RADIOLOGY                   | 3   | 4  | 258.51 | 64.63  | .051 | 86.17  | 3.31     |
| ROOM USE                    | 4   | 4  | 188.45 | 47.11  | .051 | 47.11  | 2.42     |
| CROSSOVERS/ALL OTH OUTPTNT  | 8   | 11 | 353.44 | 32.13  | .141 | 44.18  | 4.53     |
| @COUNTY HOSPITAL TOTAL      | 0   | 0  | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00   |
| CO HOSPITAL INPATIENT TOTAL | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| HSC HOSPITALS               | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| NON-HSC HOSPITALS TOTAL     | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| ACCOMMODATIONS              | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| ADMINISTRATIVE DAYS         | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| TRANSITIONAL IP CARE        | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| ALL OTHER ACCOM             | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| ANCILLARIES                 | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| INPATIENT CROSSOVERS        | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| ALL OTHER INPATIENT         | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| CO HOSP OUTPATIENT TOTAL    | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| MEDICAL                     | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| SURGERY                     | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| PATHOLOGY                   | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| RADIOLOGY                   | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| ROOM USE                    | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 0  | .00    | .00    | .000 | .00    | .00      |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |    |        |        |      |        | PAGE 687 |
| MOP024                      | FEE-FOR-SERVICE/DENTAL  |    |        |        |      |        | 01/17/03 |
| AMADOR COUNTY               | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND                                     |    |        |        |      |        |          |

| 78 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL    | 14    | 55                                  | \$ 25,345.57 | \$ 460.83                    | .705                                      | \$ 1810.40       | \$ 324.94            |
| COMM HOSP INPATIENT TOTAL    | 2     | 21                                  | 23,940.00    | 1140.00                      | .269                                      | 11970.00         | 306.92               |
| HSC HOSPITALS                | 2     | 21                                  | 23,940.00    | 1140.00                      | .269                                      | 11970.00         | 306.92               |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 14    | 34                                  | 1,405.57     | 41.34                        | .436                                      | 100.40           | 18.02                |
| MEDICAL                      | 6     | 6                                   | 463.25       | 77.21                        | .077                                      | 77.21            | 5.94                 |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PATHOLOGY                    | 4     | 9                                   | 141.92       | 15.77                        | .115                                      | 35.48            | 1.82                 |
| RADIOLOGY                    | 3     | 4                                   | 258.51       | 64.63                        | .051                                      | 86.17            | 3.31                 |
| ROOM USE                     | 4     | 4                                   | 188.45       | 47.11                        | .051                                      | 47.11            | 2.42                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 8     | 11                                  | 353.44       | 32.13                        | .141                                      | 44.18            | 4.53                 |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LEV B-REGULAR                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |

|                              |    |    |             |           |      |           |          |
|------------------------------|----|----|-------------|-----------|------|-----------|----------|
| ICF DDH                      | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| ICF DD                       | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| ICF DDN/DDCN                 | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| @HEMODIALYSIS TOTAL          | 3  | 11 | \$ 2,775.61 | \$ 252.33 | .141 | \$ 925.20 | \$ 35.58 |
| HOSPITAL BASED               | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| HEMODIALYSIS CENTER          | 3  | 11 | 2,775.61    | 252.33    | .141 | 925.20    | 35.58    |
| @REHABILITATION FACILITY     | 0  | 0  | \$ .00      | \$ .00    | .000 | \$ .00    | \$ .00   |
| HOSPITAL BASED               | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| INDEPENDENT FACILITY         | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| @LABORATORY FACILITY         | 1  | 1  | \$ 10.11    | \$ 10.11  | .013 | \$ 10.11  | \$ .13   |
| PATHOLOGY                    | 1  | 1  | 10.11       | 10.11     | .013 | 10.11     | .13      |
| XO AND OTHERS                | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| @ORGANIZED OUTPATIENT CLINIC | 15 | 27 | \$ 881.00   | \$ 32.63  | .346 | \$ 58.73  | \$ 11.29 |
| CLINIC                       | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| SURGICENTER                  | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| HEROIN DETOX CLINIC          | 0  | 0  | .00         | .00       | .000 | .00       | .00      |
| RURAL HEALTH CLINIC          | 15 | 27 | 881.00      | 32.63     | .346 | 58.73     | 11.29    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      688  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
 AMADOR COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

| 78 ELIGIBLES           | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS   | 35    | 13,630                              | \$ 14,807.63 | \$ 1.09                      | 174.744  | \$ 423.08        | \$ 189.84            |
| DURABLE MED. EQUIP.    | 4     | 7                                   | 1,538.07     | 219.72                       | .090   | 384.52           | 19.72                |
| BLOOD BANK             | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| HEARING AID DISPENSERS | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| MEDICAL TRANSPORTATION | 12    | 4,830                               | 8,503.87     | 1.76                         | 61.923   | 708.66           | 109.02               |
| AMBULANCES/AIR TRANS   | 1     | 46                                  | 277.95       | 6.04                         | .590   | 277.95           | 3.56                 |
| OTHER TRANS            | 5     | 4,618                               | 7,671.10     | 1.66                         | 59.205   | 1534.22          | 98.35                |
| OTHER SERVICES         | 8     | 166                                 | 554.82       | 3.34                         | 2.128  | 69.35            | 7.11                 |
| ACUPUNCTURE            | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |



|                                |    |       |    |           |           |         |            |           |
|--------------------------------|----|-------|----|-----------|-----------|---------|------------|-----------|
| ADULT DAY HEALTH CARE CTR      | 0  | 0     |    | .00       | .00       | .000    | .00        | .00       |
| GENETIC DISEASE TESTING        | 0  | 0     |    | .00       | .00       | .000    | .00        | .00       |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0  | 0     |    | .00       | .00       | .000    | .00        | .00       |
| OCCUPATIONAL THERAPIST         | 0  | 0     |    | .00       | .00       | .000    | .00        | .00       |
| OPTICIAN                       | 0  | 0     |    | .00       | .00       | .000    | .00        | .00       |
| PHYSICAL THERAPIST             | 0  | 0     |    | .00       | .00       | .000    | .00        | .00       |
| PORTABLE X-RAY                 | 0  | 0     |    | .00       | .00       | .000    | .00        | .00       |
| PROSTHETIST/ORTHOTISTS         | 2  | 4     |    | 814.92    | 203.73    | .051    | 407.46     | 10.45     |
| PROSTHETICS                    | 2  | 4     |    | 814.92    | 203.73    | .051    | 407.46     | 10.45     |
| ORTHOTICS                      | 0  | 0     |    | .00       | .00       | .000    | .00        | .00       |
| PSYCHOLOGIST                   | 0  | 0     |    | .00       | .00       | .000    | .00        | .00       |
| SPEECH AND AUDIOLOGY           | 0  | 0     |    | .00       | .00       | .000    | .00        | .00       |
| HOSPICE SERVICES               | 0  | 0     |    | .00       | .00       | .000    | .00        | .00       |
| NONINST BIRTHING CENTERS       | 0  | 0     |    | .00       | .00       | .000    | .00        | .00       |
| LOCAL EDUCATION AGENCIES       | 6  | 146   |    | 615.77    | 4.22      | 1.872   | 102.63     | 7.89      |
| EPSDT SUPPLEMENTAL SERVICE     | 0  | 0     |    | .00       | .00       | .000    | .00        | .00       |
| RESPIRATORY CARE PRACT.        | 0  | 0     |    | .00       | .00       | .000    | .00        | .00       |
| PED SUBACUTE REHAB/WEANING     | 0  | 0     |    | .00       | .00       | .000    | .00        | .00       |
| ALL OTHER PROVIDERS            | 22 | 8,643 |    | 3,335.00  | .39       | 110.808 | 151.59     | 42.76     |
| @CALIF. CHILDREN SERVICES*     | 9  | 97    | \$ | 31,023.63 | \$ 319.83 | 1.244   | \$ 3447.07 | \$ 397.74 |
| @XOVER EXCLUDING STATE HOSP**  | 33 | 320   | \$ | 4,957.29  | \$ 15.49  | 4.103   | \$ 150.22  | \$ 63.56  |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      689  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

AMADOR COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

| 5,655 ELIGIBLES            | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 4,346 | 134,371                             | \$ 2,985,005.25 | \$ 22.21                     | 23.761                 | \$ 686.84        | \$ 527.85            |
| @PHYSICIANS SERVICES       | 1,391 | 5,040                               | \$ 133,179.21   | \$ 26.42                     | .891                   | \$ 95.74         | \$ 23.55             |
| OUTPATIENT VISITS          | 639   | 967                                 | 31,326.93       | 32.40                        | .171                   | 49.02            | 5.54                 |
| OFFICE VISITS              | 555   | 817                                 | 25,770.08       | 31.54                        | .144                   | 46.43            | 4.56                 |
| HOME VISITS                | 7     | 7                                   | 309.30          | 44.19                        | .001                   | 44.19            | .05                  |
| EMERGENCY ROOM             | 46    | 66                                  | 3,404.80        | 51.59                        | .012                   | 74.02            | .60                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 1     | 1                                   | 101.05          | 101.05                       | .000                   | 101.05           | .02                  |
| OTHER OUTPATIENT           | 63    | 76                                  | 1,741.70        | 22.92                        | .013                   | 27.65            | .31                  |
| INPATIENT VISITS           | 72    | 214                                 | 9,788.35        | 45.74                        | .038                   | 135.95           | 1.73                 |
| HOSPITAL VISITS            | 57    | 176                                 | 7,822.14        | 44.44                        | .031                   | 137.23           | 1.38                 |
| CRITICAL CARE              | 8     | 14                                  | 1,388.90        | 99.21                        | .002                   | 173.61           | .25                  |
| SNF/ICF/TRANS IP CARE      | 15    | 24                                  | 577.31          | 24.05                        | .004                   | 38.49            | .10                  |
| OPHTHALMOLOGICAL SERVICES  | 10    | 11                                  | 483.55          | 43.96                        | .002                   | 48.36            | .09                  |
| EXAMINATIONS               | 10    | 11                                  | 483.55          | 43.96                        | .002                   | 48.36            | .09                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 31    | 550                                 | 15,178.88       | 27.60                        | .097                   | 489.64           | 2.68                 |
| PRINCIPAL SURGEON          | 17    | 23                                  | 10,589.34       | 460.41                       | .004                   | 622.90           | 1.87                 |
| ASSISTANT SURGEON          | 3     | 4                                   | 960.16          | 240.04                       | .001                   | 320.05           | .17                  |
| ANESTHESIOLOGIST           | 15    | 523                                 | 3,629.38        | 6.94                         | .092                   | 241.96           | .64                  |
| OUTPATIENT SURGERY         | 103   | 217                                 | 15,049.40       | 69.35                        | .038                   | 146.11           | 2.66                 |
| PRINCIPAL SURGEON          | 85    | 102                                 | 12,381.35       | 121.39                       | .018                   | 145.66           | 2.19                 |
| ASSISTANT SURGEON          | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 20    | 115                                 | 2,668.05        | 23.20                        | .020                   | 133.40           | .47                  |
| DIALYSIS                   | 12    | 22                                  | 2,658.26        | 120.83                       | .004                   | 221.52           | .47                  |
| PATHOLOGY                  | 106   | 289                                 | 2,978.00        | 10.30                        | .051                   | 28.09            | .53                  |

|                            |   |        |    |              |    |        |       |           |           |
|----------------------------|---|--------|----|--------------|----|--------|-------|-----------|-----------|
| RADIOLOGY                  | 310   | 548    |    | 18,628.59    |    | 33.99  | .097  | 60.09     | 3.29      |
| PSYCHIATRY                 | 1   | 1      |    | 34.16        |    | 34.16  | .000  | 34.16     | .01       |
| IMMUNIZATION AND INJECTION | 43  | 68     |    | 2,919.72     |    | 42.94  | .012  | 67.90     | .52       |
| OTHER SERVICES/ALL X-OVERS | 641   | 2,153  |    | 34,133.37    |    | 15.85  | .381  | 53.25     | 6.04      |
| @PHARMACY                  | 3,690   | 36,231 | \$ | 1,650,063.04 | \$ | 45.54  | 6.407 | \$ 447.17 | \$ 291.79 |
| PRESCRIPTION DRUGS         | 3,657   | 16,967 |    | 1,610,282.64 |    | 94.91  | 3.000 | 440.33    | 284.75    |
| SNF/ICF                    | 42  | 311    |    | 22,927.73    |    | 73.72  | .055  | 545.90    | 4.05      |
| OUTPATIENTS                | 3,617   | 16,656 |    | 1,587,354.91 |    | 95.30  | 2.945 | 438.86    | 280.70    |
| MEDICAL SUPPLIES           | 309   | 19,264 |    | 39,780.40    |    | 2.07   | 3.407 | 128.74    | 7.03      |
| @DENTIST                   | 280   | 1,331  | \$ | 66,126.17    | \$ | 49.68  | .235  | \$ 236.16 | \$ 11.69  |
| VISITS - DIAGNOSTIC        | 175   | 775    |    | 11,066.00    |    | 14.28  | .137  | 63.23     | 1.96      |
| ORAL SURGERY               | 43  | 211    |    | 12,618.00    |    | 59.80  | .037  | 293.44    | 2.23      |
| DRUGS                      | 5   | 6      |    | 90.00        |    | 15.00  | .001  | 18.00     | .02       |
| ANESTHESIA                 | 5   | 5      |    | 580.00       |    | 116.00 | .001  | 116.00    | .10       |
| PERIODONTICS               | 19  | 24     |    | 4,110.00     |    | 171.25 | .004  | 216.32    | .73       |
| ENDODONTICS                | 24  | 32     |    | 7,947.00     |    | 248.34 | .006  | 331.13    | 1.41      |
| RESTORATIVE DENTISTRY      | 70  | 211    |    | 17,395.00    |    | 82.44  | .037  | 248.50    | 3.08      |
| PROSTHETICS                | 0   | 0      |    | .00          |    | .00    | .000  | .00       | .00       |
| DENTURES, STAYPLATES       | 35  | 64     |    | 11,782.00    |    | 184.09 | .011  | 336.63    | 2.08      |
| SPACE MAINTAINERS          | 0   | 0      |    | .00          |    | .00    | .000  | .00       | .00       |
| MAXILLOFACIAL SERVICES     | 3   | 3      |    | 538.17       |    | 179.39 | .001  | 179.39    | .10       |
| FRACTURES, DISLOCATIONS    | 0   | 0      |    | .00          |    | .00    | .000  | .00       | .00       |
| ORTHODONTIC SERVICES       | 0   | 0      |    | .00          |    | .00    | .000  | .00       | .00       |
| ALL OTHER SERVICES         | 0   | 0      |    | .00          |    | .00    | .000  | .00       | .00       |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |        |    |              |    |        |       |           | PAGE 690  |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |        |    |              |    |        |       |           | 01/17/03  |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED                                  |        |    |              |    |        |       |           |           |

|                              | 5,655 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST                 | 198             | 481   | \$                                  | 10,058.19    | \$ 20.91                     | .085                                      | \$ 50.80         | \$ 1.78              |
| DIAGNOSTIC AND ANC. PROCED   | 108             | 108   |                                     | 3,671.23     | 33.99                        | .019                                      | 33.99            | .65                  |
| EYE APPLIANCES               | 123             | 336   |                                     | 5,535.51     | 16.47                        | .059                                      | 45.00            | .98                  |
| OTHER OPTOMETRIC SERVICES    | 31              | 37    |                                     | 851.45       | 23.01                        | .007                                      | 27.47            | .15                  |
| @CHIROPRACTOR                | 22              | 33    | \$                                  | 544.28       | \$ 16.49                     | .006                                      | \$ 24.74         | \$ .10               |
| VISITS                       | 18              | 25    |                                     | 413.82       | 16.55                        | .004                                      | 22.99            | .07                  |
| OTHER SERVICES               | 4               | 8     |                                     | 130.46       | 16.31                        | .001                                      | 32.62            | .02                  |
| @PODIATRIST                  | 33              | 53    | \$                                  | 1,429.64     | \$ 26.97                     | .009                                      | \$ 43.32         | \$ .25               |
| MEDICINE/INJECTIONS          | 16              | 19    |                                     | 613.80       | 32.31                        | .003                                      | 38.36            | .11                  |
| SURGERY/ANES.                | 1               | 2     |                                     | 47.02        | 23.51                        | .000                                      | 47.02            | .01                  |
| RADIO./PATHOLOGY             | 2               | 3     |                                     | 51.90        | 17.30                        | .001                                      | 25.95            | .01                  |
| OTHER                        | 16              | 29    |                                     | 716.92       | 24.72                        | .005                                      | 44.81            | .13                  |
| @HOME HEALTH AGENCY          | 19              | 206   | \$                                  | 8,602.88     | \$ 41.76                     | .036                                      | \$ 452.78        | \$ 1.52              |
| NURSE ANESTHESIST            | 3               | 42    | \$                                  | 96.74        | \$ 2.30                      | .007                                      | \$ 32.25         | \$ .02               |
| NURSE MIDWIFE                | 0               | 0     | \$                                  | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0               | 0     | \$                                  | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0               | 0     | \$                                  | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 995             | 7,040 | \$                                  | 552,549.80   | \$ 78.49                     | 1.245                                     | \$ 555.33        | \$ 97.71             |
| HOSP INPATIENT TOTAL         | 84              | 387   |                                     | 363,253.28   | 938.64                       | .068                                      | 4324.44          | 64.24                |
| HSC HOSPITALS                | 20              | 80    |                                     | 88,495.03    | 1106.19                      | .014                                      | 4424.75          | 15.65                |
| NON-HSC HOSPITAL TOTAL       | 34              | 129   |                                     | 251,282.94   | 1947.93                      | .023                                      | 7390.67          | 44.44                |
| ACCOMMODATIONS               | 34              | 129   |                                     | 70,670.31    | 547.83                       | .023                                      | 2078.54          | 12.50                |
| ADMINISTRATIVE DAYS          | 0               | 0     |                                     | 3.03         | .00                          | .000                                      | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0               | 0     |                                     | 100.68       | .00                          | .000                                      | .00              | .02                  |
| ALL OTHER ACCOM              | 34              | 129   |                                     | 70,566.60    | 547.03                       | .023                                      | 2075.49          | 12.48                |
| ANCILLARIES                  | 34              | 0     |                                     | 180,612.63   | .00                          | .000                                      | 5312.14          | 31.94                |

|                             |     |       |    |            |    |        |       |           |         |
|-----------------------------|-----|-------|----|------------|----|--------|-------|-----------|---------|
| INPATIENT CROSSOVERS        | 31  | 178   |    | 23,475.31  |    | 131.88 | .031  | 757.27    | 4.15    |
| ALL OTHER INPATIENT         | 0   | 0     |    | .00        |    | .00    | .000  | .00       | .00     |
| HOSP OUTPATIENT TOTAL       | 948 | 6,653 |    | 189,296.52 |    | 28.45  | 1.176 | 199.68    | 33.47   |
| MEDICAL                     | 286 | 427   |    | 26,591.21  |    | 62.27  | .076  | 92.98     | 4.70    |
| SURGERY                     | 46  | 48    |    | 2,790.62   |    | 58.14  | .008  | 60.67     | .49     |
| PATHOLOGY                   | 461 | 2,447 |    | 29,439.29  |    | 12.03  | .433  | 63.86     | 5.21    |
| RADIOLOGY                   | 297 | 477   |    | 52,495.01  |    | 110.05 | .084  | 176.75    | 9.28    |
| ROOM USE                    | 437 | 648   |    | 28,496.18  |    | 43.98  | .115  | 65.21     | 5.04    |
| CROSSOVERS/ALL OTH OUTPTNT  | 342 | 2,606 |    | 49,484.21  |    | 18.99  | .461  | 144.69    | 8.75    |
| @COUNTY HOSPITAL TOTAL      | 29  | 168   | \$ | 10,027.34  | \$ | 59.69  | .030  | \$ 345.77 | \$ 1.77 |
| CO HOSPITAL INPATIENT TOTAL | 1   | 5     |    | 4,575.00   |    | 915.00 | .001  | 4575.00   | .81     |
| HSC HOSPITALS               | 1   | 5     |    | 4,575.00   |    | 915.00 | .001  | 4575.00   | .81     |
| NON-HSC HOSPITALS TOTAL     | 0   | 0     |    | .00        |    | .00    | .000  | .00       | .00     |
| ACCOMMODATIONS              | 0   | 0     |    | .00        |    | .00    | .000  | .00       | .00     |
| ADMINISTRATIVE DAYS         | 0   | 0     |    | .00        |    | .00    | .000  | .00       | .00     |
| TRANSITIONAL IP CARE        | 0   | 0     |    | .00        |    | .00    | .000  | .00       | .00     |
| ALL OTHER ACCOM             | 0   | 0     |    | .00        |    | .00    | .000  | .00       | .00     |
| ANCILLARIES                 | 0   | 0     |    | .00        |    | .00    | .000  | .00       | .00     |
| INPATIENT CROSSOVERS        | 0   | 0     |    | .00        |    | .00    | .000  | .00       | .00     |
| ALL OTHER INPATIENT         | 0   | 0     |    | .00        |    | .00    | .000  | .00       | .00     |
| CO HOSP OUTPATIENT TOTAL    | 28  | 163   |    | 5,452.34   |    | 33.45  | .029  | 194.73    | .96     |
| MEDICAL                     | 13  | 22    |    | 1,330.45   |    | 60.48  | .004  | 102.34    | .24     |
| SURGERY                     | 2   | 2     |    | 134.95     |    | 67.48  | .000  | 67.48     | .02     |
| PATHOLOGY                   | 22  | 69    |    | 738.59     |    | 10.70  | .012  | 33.57     | .13     |
| RADIOLOGY                   | 12  | 18    |    | 1,223.07   |    | 67.95  | .003  | 101.92    | .22     |
| ROOM USE                    | 17  | 27    |    | 1,177.00   |    | 43.59  | .005  | 69.24     | .21     |
| CROSSOVERS/ALL OTH OUTPTNT  | 10  | 25    |    | 848.28     |    | 33.93  | .004  | 84.83     | .15     |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      691  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

|                            |       |                                     |               |                              |                        | ----- MONTHLY AVERAGE ----- |                      |  |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 5,655 ELIGIBLES            | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER            | COST PER<br>ELIGIBLE |  |
| @COMMUNITY HOSPITAL TOTAL  | 975   | 6,872                               | \$ 542,522.46 | \$ 78.95                     | 1.215                  | \$ 556.43                   | \$ 95.94             |  |
| COMM HOSP INPATIENT TOTAL  | 83    | 382                                 | 358,678.28    | 938.95                       | .068                   | 4321.43                     | 63.43                |  |
| HSC HOSPITALS              | 19    | 75                                  | 83,920.03     | 1118.93                      | .013                   | 4416.84                     | 14.84                |  |
| NON-HSC HOSPITALS TOTAL    | 34    | 129                                 | 251,282.94    | 1947.93                      | .023                   | 7390.67                     | 44.44                |  |
| ACCOMMODATIONS             | 34    | 129                                 | 70,670.31     | 547.83                       | .023                   | 2078.54                     | 12.50                |  |
| ADMINISTRATIVE DAYS        | 0     | 0                                   | 3.03          | .00                          | .000                   | .00                         | .00                  |  |
| TRANSITIONAL IP CARE       | 0     | 0                                   | 100.68        | .00                          | .000                   | .00                         | .02                  |  |
| ALL OTHER ACCOM            | 34    | 129                                 | 70,566.60     | 547.03                       | .023                   | 2075.49                     | 12.48                |  |
| ANCILLARIES                | 34    | 0                                   | 180,612.63    | .00                          | .000                   | 5312.14                     | 31.94                |  |
| INPATIENT CROSSOVERS       | 31    | 178                                 | 23,475.31     | 131.88                       | .031                   | 757.27                      | 4.15                 |  |
| ALL OTHER INPATIENT        | 0     | 0                                   | .00           | .00                          | .000                   | .00                         | .00                  |  |
| COMM HOSP OUTPATIENT TOTAL | 929   | 6,490                               | 183,844.18    | 28.33                        | 1.148                  | 197.89                      | 32.51                |  |
| MEDICAL                    | 274   | 405                                 | 25,260.76     | 62.37                        | .072                   | 92.19                       | 4.47                 |  |
| SURGERY                    | 44    | 46                                  | 2,655.67      | 57.73                        | .008                   | 60.36                       | .47                  |  |
| PATHOLOGY                  | 444   | 2,378                               | 28,700.70     | 12.07                        | .421                   | 64.64                       | 5.08                 |  |
| RADIOLOGY                  | 288   | 459                                 | 51,271.94     | 111.70                       | .081                   | 178.03                      | 9.07                 |  |
| ROOM USE                   | 422   | 621                                 | 27,319.18     | 43.99                        | .110                   | 64.74                       | 4.83                 |  |
| CROSSOVERS/ALL OTH OUTPTNT | 333   | 2,581                               | 48,635.93     | 18.84                        | .456                   | 146.05                      | 8.60                 |  |
| @STATE HOSPITAL            | 0     | 0                                   | \$ .00        | \$ .00                       | .000                   | \$ .00                      | \$ .00               |  |
| MENTALLY ILL               | 0     | 0                                   | .00           | .00                          | .000                   | .00                         | .00                  |  |
| DEVELOP. DISABLED          | 0     | 0                                   | .00           | .00                          | .000                   | .00                         | .00                  |  |
| @NURSING FACILITY          | 33    | 879                                 | \$ 108,368.76 | \$ 123.29                    | .155                   | \$ 3283.90                  | \$ 19.16             |  |
| LEV A-INTERMEDIATE         | 0     | 0                                   | .00           | .00                          | .000                   | .00                         | .00                  |  |

|                              |   |       |               |           |      |            |          |
|------------------------------|---|-------|---------------|-----------|------|------------|----------|
| LEV B-REHAB MD               | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| LEV B-SUBACUTE FREESTANDING  | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| LEV B-REGULAR                | 33  | 879   | 108,368.76    | 123.29    | .155 | 3283.90    | 19.16    |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0     | \$ .00        | \$ .00    | .000 | \$ .00     | \$ .00   |
| ICF DDH                      | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| ICF DD                       | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| ICF DDN/DDCN                 | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| @HEMODIALYSIS TOTAL          | 32  | 201   | \$ 43,902.89  | \$ 218.42 | .036 | \$ 1371.97 | \$ 7.76  |
| HOSPITAL BASED               | 11  | 153   | 30,954.32     | 202.32    | .027 | 2814.03    | 5.47     |
| HEMODIALYSIS CENTER          | 22  | 48    | 12,948.57     | 269.76    | .008 | 588.57     | 2.29     |
| @REHABILITATION FACILITY     | 0   | 0     | \$ 10.53      | \$ .00    | .000 | \$ .00     | \$ .00   |
| HOSPITAL BASED               | 0   | 0     | 10.53         | .00       | .000 | .00        | .00      |
| INDEPENDENT FACILITY         | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| @LABORATORY FACILITY         | 185   | 670   | \$ 8,533.07   | \$ 12.74  | .118 | \$ 46.12   | \$ 1.51  |
| PATHOLOGY                    | 176   | 659   | 8,351.04      | 12.67     | .117 | 47.45      | 1.48     |
| XO AND OTHERS                | 9   | 11    | 182.03        | 16.55     | .002 | 20.23      | .03      |
| @ORGANIZED OUTPATIENT CLINIC | 983   | 1,664 | \$ 175,275.92 | \$ 105.33 | .294 | \$ 178.31  | \$ 30.99 |
| CLINIC                       | 1   | 5     | 62.00         | 12.40     | .001 | 62.00      | .01      |
| SURGICENTER                  | 6   | 41    | 1,682.31      | 41.03     | .007 | 280.39     | .30      |
| HEROIN DETOX CLINIC          | 1   | 13    | 157.94        | 12.15     | .002 | 157.94     | .03      |
| RURAL HEALTH CLINIC          | 977   | 1,605 | 173,373.67    | 108.02    | .284 | 177.46     | 30.66    |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |       |               |           |      |            |          |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |       |               |           |      |            |          |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED                                  |       |               |           |      |            |          |

PAGE 692  
01/17/03

| 5,655 ELIGIBLES            | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS       | 764   | 80,499                              | \$ 226,234.65 | \$ 2.81                      | 14.235  | \$ 296.12        | \$ 40.01             |
| DURABLE MED. EQUIP.        | 76    | 288                                 | 51,348.44     | 178.29                       | .051  | 675.64           | 9.08                 |
| BLOOD BANK                 | 1     | 20                                  | 306.00        | 15.30                        | .004  | 306.00           | .05                  |
| HEARING AID DISPENSERS     | 5     | 7                                   | 3,368.69      | 481.24                       | .001  | 673.74           | .60                  |
| MEDICAL TRANSPORTATION     | 140   | 9,214                               | 32,648.64     | 3.54                         | 1.629   | 233.20           | 5.77                 |
| AMBULANCES/AIR TRANS       | 55    | 974                                 | 11,295.00     | 11.60                        | .172  | 205.36           | 2.00                 |
| OTHER TRANS                | 28    | 6,898                               | 16,067.79     | 2.33                         | 1.220   | 573.85           | 2.84                 |
| OTHER SERVICES             | 65    | 1,342                               | 5,285.85      | 3.94                         | .237  | 81.32            | .93                  |
| ACUPUNCTURE                | 0     | 0                                   | .00           | .00                          | .000  | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00           | .00                          | .000  | .00              | .00                  |
| GENETIC DISEASE TESTING    | 1     | 1                                   | 105.00        | 105.00                       | .000  | 105.00           | .02                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 47    | 2,175                               | 69,637.25     | 32.02                        | .385  | 1481.64          | 12.31                |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00           | .00                          | .000  | .00              | .00                  |
| OPTICIAN                   | 121   | 264                                 | 2,971.28      | 11.25                        | .047  | 24.56            | .53                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00           | .00                          | .000  | .00              | .00                  |
| PORTABLE X-RAY             | 1     | 2                                   | 59.36         | 29.68                        | .000  | 59.36            | .01                  |
| PROSTHETIST/ORTHOTISTS     | 15    | 28                                  | 6,044.66      | 215.88                       | .005  | 402.98           | 1.07                 |
| PROSTHETICS                | 8     | 20                                  | 5,595.43      | 279.77                       | .004  | 699.43           | .99                  |
| ORTHOTICS                  | 7     | 8                                   | 449.23        | 56.15                        | .001  | 64.18            | .08                  |
| PSYCHOLOGIST               | 0     | 0                                   | .00           | .00                          | .000  | .00              | .00                  |
| SPEECH AND AUDIOLOGY       | 22    | 70                                  | 2,963.01      | 42.33                        | .012  | 134.68           | .52                  |
| HOSPICE SERVICES           | 2     | 8                                   | 884.48        | 110.56                       | .001  | 442.24           | .16                  |
| NONINST BIRTHING CENTERS   | 0     | 0                                   | .00           | .00                          | .000  | .00              | .00                  |
| LOCAL EDUCATION AGENCIES   | 85    | 4,476                               | 19,618.93     | 4.38                         | .792  | 230.81           | 3.47                 |
| EPSDT SUPPLEMENTAL SERVICE | 0     | 0                                   | .00           | .00                          | .000  | .00              | .00                  |
| RESPIRATORY CARE PRACT.    | 1     | 1                                   | 29.48         | 29.48                        | .000  | 29.48            | .01                  |
| PED SUBACUTE REHAB/WEANING | 0     | 0                                   | .00           | .00                          | .000  | .00              | .00                  |

|                               |     |        |    |           |    |       |        |    |        |    |       |
|-------------------------------|-----|--------|----|-----------|----|-------|--------|----|--------|----|-------|
| ALL OTHER PROVIDERS           | 335 | 63,946 |    | 36,278.91 |    | .57   | 11.308 |    | 108.30 |    | 6.42  |
| @CALIF. CHILDREN SERVICES*    | 68  | 4,040  | \$ | 67,229.95 | \$ | 16.64 | .714   | \$ | 988.68 | \$ | 11.89 |
| @XOVER EXCLUDING STATE HOSP** | 761 | 11,906 | \$ | 95,684.70 | \$ | 8.04  | 2.105  | \$ | 125.74 | \$ | 16.92 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |  |  |          |
|----------------------------|--|--|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES                   | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 693 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL                               |  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES |  |          |

|                            |       |                                     |               |                              |                        | ----- MONTHLY AVERAGE ----- |                      |  |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 6,911 ELIGIBLES            | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER            | COST PER<br>ELIGIBLE |  |
| @TOTAL, ALL PROVIDERS      | 3,697 | 20,896                              | \$ 975,104.47 | \$ 46.66                     | 3.024                  | \$ 263.76                   | \$ 141.09            |  |
| @PHYSICIANS SERVICES       | 996   | 2,976                               | \$ 107,239.96 | \$ 36.03                     | .431                   | \$ 107.67                   | \$ 15.52             |  |
| OUTPATIENT VISITS          | 627   | 873                                 | 32,034.40     | 36.69                        | .126                   | 51.09                       | 4.64                 |  |
| OFFICE VISITS              | 525   | 689                                 | 22,618.58     | 32.83                        | .100                   | 43.08                       | 3.27                 |  |
| HOME VISITS                | 0     | 0                                   | .00           | .00                          | .000                   | .00                         | .00                  |  |
| EMERGENCY ROOM             | 57    | 60                                  | 2,389.99      | 39.83                        | .009                   | 41.93                       | .35                  |  |
| PREVENTIVE CARE            | 1     | 1                                   | 65.78         | 65.78                        | .000                   | 65.78                       | .01                  |  |
| OB VISITS/COMPRE PERI      | 39    | 106                                 | 6,475.11      | 61.09                        | .015                   | 166.03                      | .94                  |  |
| OTHER OUTPATIENT           | 17    | 17                                  | 484.94        | 28.53                        | .002                   | 28.53                       | .07                  |  |
| INPATIENT VISITS           | 46    | 106                                 | 6,174.04      | 58.25                        | .015                   | 134.22                      | .89                  |  |
| HOSPITAL VISITS            | 44    | 86                                  | 4,202.59      | 48.87                        | .012                   | 95.51                       | .61                  |  |
| CRITICAL CARE              | 2     | 19                                  | 1,943.95      | 102.31                       | .003                   | 971.98                      | .28                  |  |
| SNF/ICF/TRANS IP CARE      | 1     | 1                                   | 27.50         | 27.50                        | .000                   | 27.50                       | .00                  |  |
| OPHTHALMOLOGICAL SERVICES  | 5     | 6                                   | 317.58        | 52.93                        | .001                   | 63.52                       | .05                  |  |
| EXAMINATIONS               | 5     | 6                                   | 317.58        | 52.93                        | .001                   | 63.52                       | .05                  |  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00           | .00                          | .000                   | .00                         | .00                  |  |
| INPATIENT HOSPITAL SURGERY | 51    | 605                                 | 25,760.99     | 42.58                        | .088                   | 505.12                      | 3.73                 |  |
| PRINCIPAL SURGEON          | 30    | 32                                  | 18,481.05     | 577.53                       | .005                   | 616.04                      | 2.67                 |  |
| ASSISTANT SURGEON          | 7     | 8                                   | 1,063.05      | 132.88                       | .001                   | 151.86                      | .15                  |  |
| ANESTHESIOLOGIST           | 29    | 565                                 | 6,216.89      | 11.00                        | .082                   | 214.38                      | .90                  |  |

|                            |   |       |    |            |          |       |           |          |
|----------------------------|---|-------|----|------------|----------|-------|-----------|----------|
| OUTPATIENT SURGERY         | 105   | 329   |    | 19,145.19  | 58.19    | .048  | 182.34    | 2.77     |
| PRINCIPAL SURGEON          | 75  | 88    |    | 13,335.67  | 151.54   | .013  | 177.81    | 1.93     |
| ASSISTANT SURGEON          | 0   | 0     |    | .00        | .00      | .000  | .00       | .00      |
| ANESTHESIOLOGIST           | 46  | 241   |    | 5,809.52   | 24.11    | .035  | 126.29    | .84      |
| DIALYSIS                   | 0   | 0     |    | .00        | .00      | .000  | .00       | .00      |
| PATHOLOGY                  | 96  | 129   |    | 2,273.92   | 17.63    | .019  | 23.69     | .33      |
| RADIOLOGY                  | 279   | 409   |    | 10,529.65  | 25.74    | .059  | 37.74     | 1.52     |
| PSYCHIATRY                 | 2   | 2     |    | 96.51      | 48.26    | .000  | 48.26     | .01      |
| IMMUNIZATION AND INJECTION | 22  | 46    |    | 868.62     | 18.88    | .007  | 39.48     | .13      |
| OTHER SERVICES/ALL X-OVERS | 107   | 471   |    | 10,039.06  | 21.31    | .068  | 93.82     | 1.45     |
| @PHARMACY                  | 1,992   | 7,165 | \$ | 228,361.09 | \$ 31.87 | 1.037 | \$ 114.64 | \$ 33.04 |
| PRESCRIPTION DRUGS         | 1,973   | 4,959 |    | 224,065.33 | 45.18    | .718  | 113.57    | 32.42    |
| SNF/ICF                    | 0   | 0     |    | .00        | .00      | .000  | .00       | .00      |
| OUTPATIENTS                | 1,973   | 4,959 |    | 224,065.33 | 45.18    | .718  | 113.57    | 32.42    |
| MEDICAL SUPPLIES           | 63  | 2,206 |    | 4,295.76   | 1.95     | .319  | 68.19     | .62      |
| @DENTIST                   | 308   | 1,650 | \$ | 65,074.69  | \$ 39.44 | .239  | \$ 211.28 | \$ 9.42  |
| VISITS - DIAGNOSTIC        | 215   | 946   |    | 14,944.10  | 15.80    | .137  | 69.51     | 2.16     |
| ORAL SURGERY               | 39  | 102   |    | 5,746.00   | 56.33    | .015  | 147.33    | .83      |
| DRUGS                      | 5   | 5     |    | 60.00      | 12.00    | .001  | 12.00     | .01      |
| ANESTHESIA                 | 4   | 4     |    | 400.00     | 100.00   | .001  | 100.00    | .06      |
| PERIODONTICS               | 10  | 10    |    | 1,365.00   | 136.50   | .001  | 136.50    | .20      |
| ENDODONTICS                | 36  | 90    |    | 10,535.00  | 117.06   | .013  | 292.64    | 1.52     |
| RESTORATIVE DENTISTRY      | 127   | 466   |    | 29,001.50  | 62.23    | .067  | 228.36    | 4.20     |
| PROSTHETICS                | 1   | 1     |    | 30.00      | 30.00    | .000  | 30.00     | .00      |
| DENTURES, STAYPLATES       | 5   | 13    |    | 1,545.00   | 118.85   | .002  | 309.00    | .22      |
| SPACE MAINTAINERS          | 3   | 3     |    | 342.00     | 114.00   | .000  | 114.00    | .05      |
| MAXILLOFACIAL SERVICES     | 2   | 2     |    | 176.09     | 88.05    | .000  | 88.05     | .03      |
| FRACTURES, DISLOCATIONS    | 0   | 0     |    | .00        | .00      | .000  | .00       | .00      |
| ORTHODONTIC SERVICES       | 5   | 7     |    | 930.00     | 132.86   | .001  | 186.00    | .13      |
| ALL OTHER SERVICES         | 1   | 1     |    | .00        | .00      | .000  | .00       | .00      |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |       |    |            |          |       |           | PAGE 694 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |       |    |            |          |       |           | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES                                  |       |    |            |          |       |           |          |

|                              | 6,911 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST                 | 98              | 248   | \$                                  | 6,196.70     | \$ 24.99                     | .036                   | \$ 63.23         | \$ .90               |
| DIAGNOSTIC AND ANC. PROCED   | 77              | 77    |                                     | 3,606.20     | 46.83                        | .011                   | 46.83            | .52                  |
| EYE APPLIANCES               | 54              | 159   |                                     | 2,324.23     | 14.62                        | .023                   | 43.04            | .34                  |
| OTHER OPTOMETRIC SERVICES    | 10              | 12    |                                     | 266.27       | 22.19                        | .002                   | 26.63            | .04                  |
| @CHIROPRACTOR                | 11              | 15    | \$                                  | 221.54       | \$ 14.77                     | .002                   | \$ 20.14         | \$ .03               |
| VISITS                       | 11              | 15    |                                     | 221.54       | 14.77                        | .002                   | 20.14            | .03                  |
| OTHER SERVICES               | 0               | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 4               | 4     | \$                                  | 148.80       | \$ 37.20                     | .001                   | \$ 37.20         | \$ .02               |
| MEDICINE/INJECTIONS          | 4               | 4     |                                     | 148.80       | 37.20                        | .001                   | 37.20            | .02                  |
| SURGERY/ANES.                | 0               | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0               | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0               | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 3               | 9     | \$                                  | 550.51       | \$ 61.17                     | .001                   | \$ 183.50        | \$ .08               |
| NURSE ANESTHESIST            | 0               | 0     | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0               | 0     | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0               | 0     | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0               | 0     | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 1,144           | 4,329 | \$                                  | 362,035.87   | \$ 83.63                     | .626                   | \$ 316.46        | \$ 52.39             |
| HOSP INPATIENT TOTAL         | 52              | 184   |                                     | 232,024.57   | 1261.00                      | .027                   | 4462.01          | 33.57                |
| HSC HOSPITALS                | 17              | 59    |                                     | 74,268.57    | 1258.79                      | .009                   | 4368.74          | 10.75                |

|                             |       |       |             |           |      |           |        |
|-----------------------------|-------|-------|-------------|-----------|------|-----------|--------|
| NON-HSC HOSPITAL TOTAL      | 36    | 125   | 157,756.00  | 1262.05   | .018 | 4382.11   | 22.83  |
| ACCOMMODATIONS              | 36    | 125   | 53,064.32   | 424.51    | .018 | 1474.01   | 7.68   |
| ADMINISTRATIVE DAYS         | 0     | 0     | .00         | .00       | .000 | .00       | .00    |
| TRANSITIONAL IP CARE        | 0     | 0     | .00         | .00       | .000 | .00       | .00    |
| ALL OTHER ACCOM             | 36    | 125   | 53,064.32   | 424.51    | .018 | 1474.01   | 7.68   |
| ANCILLARIES                 | 36    | 0     | 104,691.68  | .00       | .000 | 2908.10   | 15.15  |
| INPATIENT CROSSOVERS        | 0     | 0     | .00         | .00       | .000 | .00       | .00    |
| ALL OTHER INPATIENT         | 0     | 0     | .00         | .00       | .000 | .00       | .00    |
| HOSP OUTPATIENT TOTAL       | 1,118 | 4,145 | 130,011.30  | 31.37     | .600 | 116.29    | 18.81  |
| MEDICAL                     | 622   | 804   | 39,071.51   | 48.60     | .116 | 62.82     | 5.65   |
| SURGERY                     | 34    | 36    | 3,140.16    | 87.23     | .005 | 92.36     | .45    |
| PATHOLOGY                   | 423   | 1,458 | 18,327.68   | 12.57     | .211 | 43.33     | 2.65   |
| RADIOLOGY                   | 265   | 375   | 22,485.09   | 59.96     | .054 | 84.85     | 3.25   |
| ROOM USE                    | 660   | 876   | 37,360.09   | 42.65     | .127 | 56.61     | 5.41   |
| CROSSOVERS/ALL OTH OUTPTNT  | 314   | 596   | 9,626.77    | 16.15     | .086 | 30.66     | 1.39   |
| @COUNTY HOSPITAL TOTAL      | 12    | 40    | \$ 5,038.92 | \$ 125.97 | .006 | \$ 419.91 | \$ .73 |
| CO HOSPITAL INPATIENT TOTAL | 1     | 3     | 3,144.02    | 1048.01   | .000 | 3144.02   | .45    |
| HSC HOSPITALS               | 1     | 3     | 3,144.02    | 1048.01   | .000 | 3144.02   | .45    |
| NON-HSC HOSPITALS TOTAL     | 0     | 0     | .00         | .00       | .000 | .00       | .00    |
| ACCOMMODATIONS              | 0     | 0     | .00         | .00       | .000 | .00       | .00    |
| ADMINISTRATIVE DAYS         | 0     | 0     | .00         | .00       | .000 | .00       | .00    |
| TRANSITIONAL IP CARE        | 0     | 0     | .00         | .00       | .000 | .00       | .00    |
| ALL OTHER ACCOM             | 0     | 0     | .00         | .00       | .000 | .00       | .00    |
| ANCILLARIES                 | 0     | 0     | .00         | .00       | .000 | .00       | .00    |
| INPATIENT CROSSOVERS        | 0     | 0     | .00         | .00       | .000 | .00       | .00    |
| ALL OTHER INPATIENT         | 0     | 0     | .00         | .00       | .000 | .00       | .00    |
| CO HOSP OUTPATIENT TOTAL    | 11    | 37    | 1,894.90    | 51.21     | .005 | 172.26    | .27    |
| MEDICAL                     | 6     | 6     | 328.27      | 54.71     | .001 | 54.71     | .05    |
| SURGERY                     | 1     | 1     | 165.37      | 165.37    | .000 | 165.37    | .02    |
| PATHOLOGY                   | 3     | 7     | 108.62      | 15.52     | .001 | 36.21     | .02    |
| RADIOLOGY                   | 3     | 3     | 502.51      | 167.50    | .000 | 167.50    | .07    |
| ROOM USE                    | 9     | 13    | 696.65      | 53.59     | .002 | 77.41     | .10    |
| CROSSOVERS/ALL OTH OUTPTNT  | 5     | 7     | 93.48       | 13.35     | .001 | 18.70     | .01    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      695  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

|                            | 6,911 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | MONTHLY AVERAGE<br>COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-------------------------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL  | 1,137           | 4,289 | \$                                  | 356,996.95   | \$ 83.24                     | .621                   | \$ 313.98                           | \$ 51.66             |
| COMM HOSP INPATIENT TOTAL  | 51              | 181   |                                     | 228,880.55   | 1264.53                      | .026                   | 4487.85                             | 33.12                |
| HSC HOSPITALS              | 16              | 56    |                                     | 71,124.55    | 1270.08                      | .008                   | 4445.28                             | 10.29                |
| NON-HSC HOSPITALS TOTAL    | 36              | 125   |                                     | 157,756.00   | 1262.05                      | .018                   | 4382.11                             | 22.83                |
| ACCOMMODATIONS             | 36              | 125   |                                     | 53,064.32    | 424.51                       | .018                   | 1474.01                             | 7.68                 |
| ADMINISTRATIVE DAYS        | 0               | 0     |                                     | .00          | .00                          | .000                   | .00                                 | .00                  |
| TRANSITIONAL IP CARE       | 0               | 0     |                                     | .00          | .00                          | .000                   | .00                                 | .00                  |
| ALL OTHER ACCOM            | 36              | 125   |                                     | 53,064.32    | 424.51                       | .018                   | 1474.01                             | 7.68                 |
| ANCILLARIES                | 36              | 0     |                                     | 104,691.68   | .00                          | .000                   | 2908.10                             | 15.15                |
| INPATIENT CROSSOVERS       | 0               | 0     |                                     | .00          | .00                          | .000                   | .00                                 | .00                  |
| ALL OTHER INPATIENT        | 0               | 0     |                                     | .00          | .00                          | .000                   | .00                                 | .00                  |
| COMM HOSP OUTPATIENT TOTAL | 1,112           | 4,108 |                                     | 128,116.40   | 31.19                        | .594                   | 115.21                              | 18.54                |
| MEDICAL                    | 617             | 798   |                                     | 38,743.24    | 48.55                        | .115                   | 62.79                               | 5.61                 |
| SURGERY                    | 33              | 35    |                                     | 2,974.79     | 84.99                        | .005                   | 90.15                               | .43                  |
| PATHOLOGY                  | 420             | 1,451 |                                     | 18,219.06    | 12.56                        | .210                   | 43.38                               | 2.64                 |
| RADIOLOGY                  | 263             | 372   |                                     | 21,982.58    | 59.09                        | .054                   | 83.58                               | 3.18                 |
| ROOM USE                   | 653             | 863   |                                     | 36,663.44    | 42.48                        | .125                   | 56.15                               | 5.31                 |

|                              |     |       |    |            |    |        |      |           |          |
|------------------------------|-----|-------|----|------------|----|--------|------|-----------|----------|
| CROSSTOVERS/ALL OTH OUTPTNT  | 310 | 589   |    | 9,533.29   |    | 16.19  | .085 | 30.75     | 1.38     |
| @STATE HOSPITAL              | 0   | 0     | \$ | .00        | \$ | .00    | .000 | \$ .00    | \$ .00   |
| MENTALLY ILL                 | 0   | 0     |    | .00        |    | .00    | .000 | .00       | .00      |
| DEVELOP. DISABLED            | 0   | 0     |    | .00        |    | .00    | .000 | .00       | .00      |
| @NURSING FACILITY            | 0   | 0     | \$ | .00        | \$ | .00    | .000 | \$ .00    | \$ .00   |
| LEV A-INTERMEDIATE           | 0   | 0     |    | .00        |    | .00    | .000 | .00       | .00      |
| LEV B-REHAB MD               | 0   | 0     |    | .00        |    | .00    | .000 | .00       | .00      |
| LEV B-SUBACUTE FREESTANDING  | 0   | 0     |    | .00        |    | .00    | .000 | .00       | .00      |
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0     |    | .00        |    | .00    | .000 | .00       | .00      |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0     |    | .00        |    | .00    | .000 | .00       | .00      |
| LEV B-REGULAR                | 0   | 0     |    | .00        |    | .00    | .000 | .00       | .00      |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0     | \$ | .00        | \$ | .00    | .000 | \$ .00    | \$ .00   |
| ICF DDH                      | 0   | 0     |    | .00        |    | .00    | .000 | .00       | .00      |
| ICF DD                       | 0   | 0     |    | .00        |    | .00    | .000 | .00       | .00      |
| ICF DDN/DDCN                 | 0   | 0     |    | .00        |    | .00    | .000 | .00       | .00      |
| @HEMODIALYSIS TOTAL          | 0   | 0     | \$ | .00        | \$ | .00    | .000 | \$ .00    | \$ .00   |
| HOSPITAL BASED               | 0   | 0     |    | .00        |    | .00    | .000 | .00       | .00      |
| HEMODIALYSIS CENTER          | 0   | 0     |    | .00        |    | .00    | .000 | .00       | .00      |
| @REHABILITATION FACILITY     | 6   | 23    | \$ | 515.87     | \$ | 22.43  | .003 | \$ 85.98  | \$ .07   |
| HOSPITAL BASED               | 5   | 21    |    | 494.67     |    | 23.56  | .003 | 98.93     | .07      |
| INDEPENDENT FACILITY         | 1   | 2     |    | 21.20      |    | 10.60  | .000 | 21.20     | .00      |
| @LABORATORY FACILITY         | 154 | 367   | \$ | 6,774.95   | \$ | 18.46  | .053 | \$ 43.99  | \$ .98   |
| PATHOLOGY                    | 154 | 367   |    | 6,774.95   |    | 18.46  | .053 | 43.99     | .98      |
| XO AND OTHERS                | 0   | 0     |    | .00        |    | .00    | .000 | .00       | .00      |
| @ORGANIZED OUTPATIENT CLINIC | 890 | 1,381 | \$ | 171,064.45 | \$ | 123.87 | .200 | \$ 192.21 | \$ 24.75 |
| CLINIC                       | 15  | 58    |    | 824.53     |    | 14.22  | .008 | 54.97     | .12      |
| SURGICENTER                  | 12  | 93    |    | 2,989.32   |    | 32.14  | .013 | 249.11    | .43      |
| HEROIN DETOX CLINIC          | 1   | 9     |    | 83.55      |    | 9.28   | .001 | 83.55     | .01      |
| RURAL HEALTH CLINIC          | 865 | 1,221 |    | 167,167.05 |    | 136.91 | .177 | 193.26    | 24.19    |

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

PAGE 696 01/17/03

|                            |       |                                     |              |                              |                        | ----- MONTHLY AVERAGE ----- |                      |  |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 6,911 ELIGIBLES            | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER            | COST PER<br>ELIGIBLE |  |
| @ALL OTHER PROVIDERS       | 474   | 2,729                               | \$ 26,920.04 | \$ 9.86                      | .395                   | \$ 56.79                    | \$ 3.90              |  |
| DURABLE MED. EQUIP.        | 8     | 8                                   | 1,183.05     | 147.88                       | .001                   | 147.88                      | .17                  |  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| MEDICAL TRANSPORTATION     | 42    | 791                                 | 10,063.78    | 12.72                        | .114                   | 239.61                      | 1.46                 |  |
| AMBULANCES/AIR TRANS       | 42    | 790                                 | 8,788.78     | 11.13                        | .114                   | 209.26                      | 1.27                 |  |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| OTHER SERVICES             | 1     | 1                                   | 1,275.00     | 1275.00                      | .000                   | 1275.00                     | .18                  |  |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| GENETIC DISEASE TESTING    | 15    | 15                                  | 971.00       | 64.73                        | .002                   | 64.73                       | .14                  |  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 1     | 2                                   | 90.86        | 45.43                        | .000                   | 90.86                       | .01                  |  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| OPTICIAN                   | 60    | 131                                 | 1,216.14     | 9.28                         | .019                   | 20.27                       | .18                  |  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| PROSTHETIST/ORTHOTISTS     | 3     | 3                                   | 207.66       | 69.22                        | .000                   | 69.22                       | .03                  |  |
| PROSTHETICS                | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| ORTHOTICS                  | 3     | 3                                   | 207.66       | 69.22                        | .000                   | 69.22                       | .03                  |  |
| PSYCHOLOGIST               | 1     | 9                                   | 550.79       | 61.20                        | .001                   | 550.79                      | .08                  |  |
| SPEECH AND AUDIOLOGY       | 1     | 3                                   | 225.19       | 75.06                        | .000                   | 225.19                      | .03                  |  |



|                               |     |       |              |           |      |            |         |
|-------------------------------|-----|-------|--------------|-----------|------|------------|---------|
| HOSPICE SERVICES              | 0   | 0     | .00          | .00       | .000 | .00        | .00     |
| NONINST BIRTHING CENTERS      | 0   | 0     | .00          | .00       | .000 | .00        | .00     |
| LOCAL EDUCATION AGENCIES      | 353 | 1,367 | 12,189.57    | 8.92      | .198 | 34.53      | 1.76    |
| EPSDT SUPPLEMENTAL SERVICE    | 0   | 0     | .00          | .00       | .000 | .00        | .00     |
| RESPIRATORY CARE PRACT.       | 0   | 0     | .00          | .00       | .000 | .00        | .00     |
| PED SUBACUTE REHAB/WEANING    | 0   | 0     | .00          | .00       | .000 | .00        | .00     |
| ALL OTHER PROVIDERS           | 2   | 400   | 222.00       | .56       | .058 | 111.00     | .03     |
| @CALIF. CHILDREN SERVICES*    | 28  | 100   | \$ 31,784.57 | \$ 317.85 | .014 | \$ 1135.16 | \$ 4.60 |
| @XOVER EXCLUDING STATE HOSP** | 0   | 0     | .00          | .00       | .000 | .00        | .00     |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |  |          |
|----------------------------|---|--|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES        | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 697 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL                    |  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE |  |          |

| 14,351 ELIGIBLES           | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 9,462 | 192,400                             | \$ 4,579,769.61 | \$ 23.80                     | 13.407                                    | \$ 484.02        | \$ 319.13            |
| @PHYSICIANS SERVICES       | 2,715 | 9,037                               | \$ 255,460.57   | \$ 28.27                     | .630                                      | \$ 94.09         | \$ 17.80             |
| OUTPATIENT VISITS          | 1,275 | 1,851                               | 63,849.06       | 34.49                        | .129                                      | 50.08            | 4.45                 |
| OFFICE VISITS              | 1,089 | 1,516                               | 48,780.91       | 32.18                        | .106                                      | 44.79            | 3.40                 |
| HOME VISITS                | 7     | 7                                   | 309.30          | 44.19                        | .000                                      | 44.19            | .02                  |
| EMERGENCY ROOM             | 104   | 127                                 | 5,890.27        | 46.38                        | .009                                      | 56.64            | .41                  |
| PREVENTIVE CARE            | 1     | 1                                   | 65.78           | 65.78                        | .000                                      | 65.78            | .00                  |
| OB VISITS/COMPRE PERI      | 40    | 107                                 | 6,576.16        | 61.46                        | .007                                      | 164.40           | .46                  |
| OTHER OUTPATIENT           | 80    | 93                                  | 2,226.64        | 23.94                        | .006                                      | 27.83            | .16                  |
| INPATIENT VISITS           | 122   | 361                                 | 18,917.73       | 52.40                        | .025                                      | 155.06           | 1.32                 |
| HOSPITAL VISITS            | 105   | 298                                 | 13,960.89       | 46.85                        | .021                                      | 132.96           | .97                  |
| CRITICAL CARE              | 11    | 38                                  | 4,352.03        | 114.53                       | .003                                      | 395.64           | .30                  |
| SNF/ICF/TRANS IP CARE      | 16    | 25                                  | 604.81          | 24.19                        | .002                                      | 37.80            | .04                  |
| OPHTHALMOLOGICAL SERVICES  | 15    | 17                                  | 801.13          | 47.13                        | .001                                      | 53.41            | .06                  |
| EXAMINATIONS               | 15    | 17                                  | 801.13          | 47.13                        | .001                                      | 53.41            | .06                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 87    | 1,180                               | 43,296.38       | 36.69                        | .082                                      | 497.66           | 3.02                 |
| PRINCIPAL SURGEON          | 49    | 59                                  | 30,889.47       | 523.55                       | .004                                      | 630.40           | 2.15                 |
| ASSISTANT SURGEON          | 10    | 12                                  | 2,023.21        | 168.60                       | .001                                      | 202.32           | .14                  |
| ANESTHESIOLOGIST           | 47    | 1,109                               | 10,383.70       | 9.36                         | .077                                      | 220.93           | .72                  |
| OUTPATIENT SURGERY         | 209   | 547                                 | 34,239.27       | 62.59                        | .038                                      | 163.82           | 2.39                 |
| PRINCIPAL SURGEON          | 161   | 191                                 | 25,761.70       | 134.88                       | .013                                      | 160.01           | 1.80                 |
| ASSISTANT SURGEON          | 0     | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| ANESTHESIOLOGIST           | 66    | 356                                 | 8,477.57        | 23.81                        | .025                                      | 128.45           | .59                  |
| DIALYSIS                   | 12    | 22                                  | 2,658.26        | 120.83                       | .002                                      | 221.52           | .19                  |
| PATHOLOGY                  | 204   | 425                                 | 5,488.85        | 12.91                        | .030                                      | 26.91            | .38                  |
| RADIOLOGY                  | 595   | 968                                 | 29,449.30       | 30.42                        | .067                                      | 49.49            | 2.05                 |
| PSYCHIATRY                 | 3     | 3                                   | 130.67          | 43.56                        | .000                                      | 43.56            | .01                  |
| IMMUNIZATION AND INJECTION | 65    | 114                                 | 3,788.34        | 33.23                        | .008                                      | 58.28            | .26                  |
| OTHER SERVICES/ALL X-OVERS | 1,062 | 3,549                               | 52,841.58       | 14.89                        | .247                                      | 49.76            | 3.68                 |
| @PHARMACY                  | 6,887 | 52,279                              | \$ 2,163,206.22 | \$ 41.38                     | 3.643                                     | \$ 314.10        | \$ 150.74            |
| PRESCRIPTION DRUGS         | 6,827 | 26,610                              | 2,112,751.64    | 79.40                        | 1.854                                     | 309.47           | 147.22               |
| SNF/ICF                    | 82    | 610                                 | 35,553.89       | 58.29                        | .043                                      | 433.58           | 2.48                 |
| OUTPATIENTS                | 6,750 | 26,000                              | 2,077,197.75    | 79.89                        | 1.812                                     | 307.73           | 144.74               |
| MEDICAL SUPPLIES           | 460   | 25,669                              | 50,454.58       | 1.97                         | 1.789                                     | 109.68           | 3.52                 |
| @DENTIST                   | 652   | 3,169                               | \$ 144,316.86   | \$ 45.54                     | .221                                      | \$ 221.34        | \$ 10.06             |
| VISITS - DIAGNOSTIC        | 424   | 1,838                               | 27,566.10       | 15.00                        | .128                                      | 65.01            | 1.92                 |
| ORAL SURGERY               | 91    | 328                                 | 19,432.00       | 59.24                        | .023                                      | 213.54           | 1.35                 |

|                         |     |     |           |        |      |        |      |
|-------------------------|-----|-----|-----------|--------|------|--------|------|
| DRUGS                   | 10  | 11  | 150.00    | 13.64  | .001 | 15.00  | .01  |
| ANESTHESIA              | 9   | 9   | 980.00    | 108.89 | .001 | 108.89 | .07  |
| PERIODONTICS            | 30  | 35  | 5,675.00  | 162.14 | .002 | 189.17 | .40  |
| ENDODONTICS             | 63  | 125 | 19,172.00 | 153.38 | .009 | 304.32 | 1.34 |
| RESTORATIVE DENTISTRY   | 208 | 699 | 48,758.50 | 69.75  | .049 | 234.42 | 3.40 |
| PROSTHETICS             | 1   | 1   | 30.00     | 30.00  | .000 | 30.00  | .00  |
| DENTURES, STAYPLATES    | 60  | 106 | 20,567.00 | 194.03 | .007 | 342.78 | 1.43 |
| SPACE MAINTAINERS       | 3   | 3   | 342.00    | 114.00 | .000 | 114.00 | .02  |
| MAXILLOFACIAL SERVICES  | 5   | 5   | 714.26    | 142.85 | .000 | 142.85 | .05  |
| FRACTURES, DISLOCATIONS | 0   | 0   | .00       | .00    | .000 | .00    | .00  |
| ORTHODONTIC SERVICES    | 5   | 7   | 930.00    | 132.86 | .000 | 186.00 | .06  |
| ALL OTHER SERVICES      | 2   | 2   | .00       | .00    | .000 | .00    | .00  |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      698  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

| 14,351 ELIGIBLES           | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST               | 385   | 905                                 | \$ 20,512.82 | \$ 22.67                     | .063                   | \$ 53.28         | \$ 1.43              |
| DIAGNOSTIC AND ANC. PROCED | 221   | 221                                 | 7,711.77     | 34.89                        | .015                   | 34.89            | .54                  |
| EYE APPLIANCES             | 218   | 607                                 | 11,076.00    | 18.25                        | .042                   | 50.81            | .77                  |
| OTHER OPTOMETRIC SERVICES  | 63    | 77                                  | 1,725.05     | 22.40                        | .005                   | 27.38            | .12                  |
| @CHIROPRACTOR              | 38    | 55                                  | \$ 860.12    | \$ 15.64                     | .004                   | \$ 22.63         | \$ .06               |
| VISITS                     | 29    | 40                                  | 635.36       | 15.88                        | .003                   | 21.91            | .04                  |
| OTHER SERVICES             | 9     | 15                                  | 224.76       | 14.98                        | .001                   | 24.97            | .02                  |
| @PODIATRIST                | 78    | 110                                 | \$ 2,325.99  | \$ 21.15                     | .008                   | \$ 29.82         | \$ .16               |
| MEDICINE/INJECTIONS        | 20    | 23                                  | 762.60       | 33.16                        | .002                   | 38.13            | .05                  |
| SURGERY/ANES.              | 1     | 2                                   | 47.02        | 23.51                        | .000                   | 47.02            | .00                  |
| RADIO./PATHOLOGY           | 2     | 3                                   | 51.90        | 17.30                        | .000                   | 25.95            | .00                  |
| OTHER                      | 57    | 82                                  | 1,464.47     | 17.86                        | .006                   | 25.69            | .10                  |
| @HOME HEALTH AGENCY        | 23    | 220                                 | \$ 9,527.69  | \$ 43.31                     | .015                   | \$ 414.25        | \$ .66               |
| NURSE ANESTHESIST          | 4     | 43                                  | \$ 119.04    | \$ 2.77                      | .003                   | \$ 29.76         | \$ .01               |

|                              |       |        |    |            |    |         |      |    |         |    |       |
|------------------------------|-------|--------|----|------------|----|---------|------|----|---------|----|-------|
| NURSE MIDWIFE                | 0     | 0      | \$ | .00        | \$ | .00     | .000 | \$ | .00     | \$ | .00   |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0      | \$ | .00        | \$ | .00     | .000 | \$ | .00     | \$ | .00   |
| FAMILY NURSE PRACTITIONER    | 0     | 0      | \$ | .00        | \$ | .00     | .000 | \$ | .00     | \$ | .00   |
| @TOTAL HOSPITAL              | 2,224 | 11,803 | \$ | 979,344.31 | \$ | 82.97   | .822 | \$ | 440.35  | \$ | 68.24 |
| HOSP INPATIENT TOTAL         | 165   | 692    |    | 653,124.31 |    | 943.82  | .048 |    | 3958.33 |    | 45.51 |
| HSC HOSPITALS                | 42    | 183    |    | 202,480.31 |    | 1106.45 | .013 |    | 4820.96 |    | 14.11 |
| NON-HSC HOSPITAL TOTAL       | 70    | 254    |    | 409,445.18 |    | 1611.99 | .018 |    | 5849.22 |    | 28.53 |
| ACCOMMODATIONS               | 70    | 254    |    | 124,140.75 |    | 488.74  | .018 |    | 1773.44 |    | 8.65  |
| ADMINISTRATIVE DAYS          | 0     | 0      |    | 6.69       |    | .00     | .000 |    | .00     |    | .00   |
| TRANSITIONAL IP CARE         | 0     | 0      |    | 503.14     |    | .00     | .000 |    | .00     |    | .04   |
| ALL OTHER ACCOM              | 70    | 254    |    | 123,630.92 |    | 486.74  | .018 |    | 1766.16 |    | 8.61  |
| ANCILLARIES                  | 70    | 0      |    | 285,304.43 |    | .00     | .000 |    | 4075.78 |    | 19.88 |
| INPATIENT CROSSOVERS         | 55    | 255    |    | 41,198.56  |    | 161.56  | .018 |    | 749.06  |    | 2.87  |
| ALL OTHER INPATIENT          | 0     | 0      |    | .26        |    | .00     | .000 |    | .00     |    | .00   |
| HOSP OUTPATIENT TOTAL        | 2,125 | 11,111 |    | 326,220.00 |    | 29.36   | .774 |    | 153.52  |    | 22.73 |
| MEDICAL                      | 914   | 1,237  |    | 66,176.87  |    | 53.50   | .086 |    | 72.40   |    | 4.61  |
| SURGERY                      | 80    | 84     |    | 5,930.78   |    | 70.60   | .006 |    | 74.13   |    | .41   |
| PATHOLOGY                    | 888   | 3,914  |    | 47,908.89  |    | 12.24   | .273 |    | 53.95   |    | 3.34  |
| RADIOLOGY                    | 566   | 857    |    | 75,288.58  |    | 87.85   | .060 |    | 133.02  |    | 5.25  |
| ROOM USE                     | 1,102 | 1,530  |    | 66,100.72  |    | 43.20   | .107 |    | 59.98   |    | 4.61  |
| CROSSOVERS/ALL OTH OUTPTNT   | 707   | 3,489  |    | 64,814.16  |    | 18.58   | .243 |    | 91.67   |    | 4.52  |
| @COUNTY HOSPITAL TOTAL       | 41    | 208    | \$ | 15,066.26  | \$ | 72.43   | .014 | \$ | 367.47  | \$ | 1.05  |
| CO HOSPITAL INPATIENT TOTAL  | 2     | 8      |    | 7,719.02   |    | 964.88  | .001 |    | 3859.51 |    | .54   |
| HSC HOSPITALS                | 2     | 8      |    | 7,719.02   |    | 964.88  | .001 |    | 3859.51 |    | .54   |
| NON-HSC HOSPITALS TOTAL      | 0     | 0      |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| ACCOMMODATIONS               | 0     | 0      |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| ADMINISTRATIVE DAYS          | 0     | 0      |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| TRANSITIONAL IP CARE         | 0     | 0      |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| ALL OTHER ACCOM              | 0     | 0      |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| ANCILLARIES                  | 0     | 0      |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| INPATIENT CROSSOVERS         | 0     | 0      |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| ALL OTHER INPATIENT          | 0     | 0      |    | .00        |    | .00     | .000 |    | .00     |    | .00   |
| CO HOSP OUTPATIENT TOTAL     | 39    | 200    |    | 7,347.24   |    | 36.74   | .014 |    | 188.39  |    | .51   |
| MEDICAL                      | 19    | 28     |    | 1,658.72   |    | 59.24   | .002 |    | 87.30   |    | .12   |
| SURGERY                      | 3     | 3      |    | 300.32     |    | 100.11  | .000 |    | 100.11  |    | .02   |
| PATHOLOGY                    | 25    | 76     |    | 847.21     |    | 11.15   | .005 |    | 33.89   |    | .06   |
| RADIOLOGY                    | 15    | 21     |    | 1,725.58   |    | 82.17   | .001 |    | 115.04  |    | .12   |
| ROOM USE                     | 26    | 40     |    | 1,873.65   |    | 46.84   | .003 |    | 72.06   |    | .13   |
| CROSSOVERS/ALL OTH OUTPTNT   | 15    | 32     |    | 941.76     |    | 29.43   | .002 |    | 62.78   |    | .07   |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      699  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

|                           |       |                                     |               |                              | ----- MONTHLY AVERAGE ----- |                  |                      |  |
|---------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 14,351 ELIGIBLES          | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @COMMUNITY HOSPITAL TOTAL | 2,197 | 11,595                              | \$ 964,278.05 | \$ 83.16                     | .808                        | \$ 438.91        | \$ 67.19             |  |
| COMM HOSP INPATIENT TOTAL | 163   | 684                                 | 645,405.29    | 943.57                       | .048                        | 3959.54          | 44.97                |  |
| HSC HOSPITALS             | 40    | 175                                 | 194,761.29    | 1112.92                      | .012                        | 4869.03          | 13.57                |  |
| NON-HSC HOSPITALS TOTAL   | 70    | 254                                 | 409,445.18    | 1611.99                      | .018                        | 5849.22          | 28.53                |  |
| ACCOMMODATIONS            | 70    | 254                                 | 124,140.75    | 488.74                       | .018                        | 1773.44          | 8.65                 |  |
| ADMINISTRATIVE DAYS       | 0     | 0                                   | 6.69          | .00                          | .000                        | .00              | .00                  |  |
| TRANSITIONAL IP CARE      | 0     | 0                                   | 503.14        | .00                          | .000                        | .00              | .04                  |  |
| ALL OTHER ACCOM           | 70    | 254                                 | 123,630.92    | 486.74                       | .018                        | 1766.16          | 8.61                 |  |
| ANCILLARIES               | 70    | 0                                   | 285,304.43    | .00                          | .000                        | 4075.78          | 19.88                |  |
| INPATIENT CROSSOVERS      | 55    | 255                                 | 41,198.56     | 161.56                       | .018                        | 749.06           | 2.87                 |  |
| ALL OTHER INPATIENT       | 0     | 0                                   | .26           | .00                          | .000                        | .00              | .00                  |  |

|                              |       |        |    |            |    |        |      |         |       |
|------------------------------|-------|--------|----|------------|----|--------|------|---------|-------|
| COMM HOSP OUTPATIENT TOTAL   | 2,100 | 10,911 |    | 318,872.76 |    | 29.22  | .760 | 151.84  | 22.22 |
| MEDICAL                      | 897   | 1,209  |    | 64,518.15  |    | 53.36  | .084 | 71.93   | 4.50  |
| SURGERY                      | 77    | 81     |    | 5,630.46   |    | 69.51  | .006 | 73.12   | .39   |
| PATHOLOGY                    | 868   | 3,838  |    | 47,061.68  |    | 12.26  | .267 | 54.22   | 3.28  |
| RADIOLOGY                    | 555   | 836    |    | 73,563.00  |    | 87.99  | .058 | 132.55  | 5.13  |
| ROOM USE                     | 1,080 | 1,490  |    | 64,227.07  |    | 43.11  | .104 | 59.47   | 4.48  |
| CROSSOVERS/ALL OTH OUTPTNT   | 694   | 3,457  |    | 63,872.40  |    | 18.48  | .241 | 92.04   | 4.45  |
| @STATE HOSPITAL              | 0     | 0      | \$ | .00        | \$ | .00    | .000 | .00     | .00   |
| MENTALLY ILL                 | 0     | 0      |    | .00        |    | .00    | .000 | .00     | .00   |
| DEVELOP. DISABLED            | 0     | 0      |    | .00        |    | .00    | .000 | .00     | .00   |
| @NURSING FACILITY            | 72    | 1,718  | \$ | 226,292.14 | \$ | 131.72 | .120 | 3142.95 | 15.77 |
| LEV A-INTERMEDIATE           | 0     | 0      |    | .00        |    | .00    | .000 | .00     | .00   |
| LEV B-REHAB MD               | 0     | 0      |    | .00        |    | .00    | .000 | .00     | .00   |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0      |    | .00        |    | .00    | .000 | .00     | .00   |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0      |    | .00        |    | .00    | .000 | .00     | .00   |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0      |    | .00        |    | .00    | .000 | .00     | .00   |
| LEV B-REGULAR                | 72    | 1,718  |    | 226,292.14 |    | 131.72 | .120 | 3142.95 | 15.77 |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0      | \$ | .00        | \$ | .00    | .000 | .00     | .00   |
| ICF DDH                      | 0     | 0      |    | .00        |    | .00    | .000 | .00     | .00   |
| ICF DD                       | 0     | 0      |    | .00        |    | .00    | .000 | .00     | .00   |
| ICF DDN/DDCN                 | 0     | 0      |    | .00        |    | .00    | .000 | .00     | .00   |
| @HEMODIALYSIS TOTAL          | 44    | 228    | \$ | 53,255.18  | \$ | 233.58 | .016 | 1210.35 | 3.71  |
| HOSPITAL BASED               | 11    | 153    |    | 30,954.32  |    | 202.32 | .011 | 2814.03 | 2.16  |
| HEMODIALYSIS CENTER          | 34    | 75     |    | 22,300.86  |    | 297.34 | .005 | 655.91  | 1.55  |
| @REHABILITATION FACILITY     | 6     | 23     | \$ | 526.40     | \$ | 22.89  | .002 | 87.73   | .04   |
| HOSPITAL BASED               | 5     | 21     |    | 505.20     |    | 24.06  | .001 | 101.04  | .04   |
| INDEPENDENT FACILITY         | 1     | 2      |    | 21.20      |    | 10.60  | .000 | 21.20   | .00   |
| @LABORATORY FACILITY         | 345   | 1,045  | \$ | 15,416.97  | \$ | 14.75  | .073 | 44.69   | 1.07  |
| PATHOLOGY                    | 331   | 1,027  |    | 15,136.10  |    | 14.74  | .072 | 45.73   | 1.05  |
| XO AND OTHERS                | 14    | 18     |    | 280.87     |    | 15.60  | .001 | 20.06   | .02   |
| @ORGANIZED OUTPATIENT CLINIC | 2,014 | 3,262  | \$ | 353,620.48 | \$ | 108.41 | .227 | 175.58  | 24.64 |
| CLINIC                       | 16    | 63     |    | 886.53     |    | 14.07  | .004 | 55.41   | .06   |
| SURGICENTER                  | 20    | 136    |    | 5,059.43   |    | 37.20  | .009 | 252.97  | .35   |
| HEROIN DETOX CLINIC          | 2     | 22     |    | 241.49     |    | 10.98  | .002 | 120.75  | .02   |
| RURAL HEALTH CLINIC          | 1,982 | 3,041  |    | 347,433.03 |    | 114.25 | .212 | 175.29  | 24.21 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 700  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

|                            |       |                                     |               |                              | ----- MONTHLY AVERAGE ----- |                  |                      |  |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 14,351 ELIGIBLES           | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @ALL OTHER PROVIDERS       | 1,688 | 108,502                             | \$ 354,955.34 | \$ 3.27                      | 7.561                       | \$ 210.28        | \$ 24.73             |  |
| DURABLE MED. EQUIP.        | 103   | 329                                 | 55,436.86     | 168.50                       | .023                        | 538.22           | 3.86                 |  |
| BLOOD BANK                 | 1     | 20                                  | 306.00        | 15.30                        | .001                        | 306.00           | .02                  |  |
| HEARING AID DISPENSERS     | 12    | 21                                  | 7,274.51      | 346.41                       | .001                        | 606.21           | .51                  |  |
| MEDICAL TRANSPORTATION     | 236   | 15,595                              | 54,439.59     | 3.49                         | 1.087                       | 230.68           | 3.79                 |  |
| AMBULANCES/AIR TRANS       | 99    | 1,822                               | 20,611.55     | 11.31                        | .127                        | 208.20           | 1.44                 |  |
| OTHER TRANS                | 38    | 11,586                              | 23,986.96     | 2.07                         | .807                        | 631.24           | 1.67                 |  |
| OTHER SERVICES             | 111   | 2,187                               | 9,841.08      | 4.50                         | .152                        | 88.66            | .69                  |  |
| ACUPUNCTURE                | 11    | 46                                  | 789.36        | 17.16                        | .003                        | 71.76            | .06                  |  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |  |
| GENETIC DISEASE TESTING    | 16    | 16                                  | 1,076.00      | 67.25                        | .001                        | 67.25            | .07                  |  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 205   | 2,973                               | 120,387.04    | 40.49                        | .207                        | 587.25           | 8.39                 |  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |  |
| OPTICIAN                   | 217   | 479                                 | 5,180.26      | 10.81                        | .033                        | 23.87            | .36                  |  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |  |

|                               |       |        |               |          |       |            |          |
|-------------------------------|-------|--------|---------------|----------|-------|------------|----------|
| PORTABLE X-RAY                | 1     | 2      | 59.36         | 29.68    | .000  | 59.36      | .00      |
| PROSTHETIST/ORTHOTISTS        | 23    | 45     | 7,438.54      | 165.30   | .003  | 323.41     | .52      |
| PROSTHETICS                   | 13    | 34     | 6,781.65      | 199.46   | .002  | 521.67     | .47      |
| ORTHOTICS                     | 10    | 11     | 656.89        | 59.72    | .001  | 65.69      | .05      |
| PSYCHOLOGIST                  | 1     | 9      | 550.79        | 61.20    | .001  | 550.79     | .04      |
| SPEECH AND AUDIOLOGY          | 25    | 76     | 4,566.17      | 60.08    | .005  | 182.65     | .32      |
| HOSPICE SERVICES              | 7     | 61     | 6,764.18      | 110.89   | .004  | 966.31     | .47      |
| NONINST BIRTHING CENTERS      | 0     | 0      | .00           | .00      | .000  | .00        | .00      |
| LOCAL EDUCATION AGENCIES      | 444   | 5,989  | 32,424.27     | 5.41     | .417  | 73.03      | 2.26     |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0      | .00           | .00      | .000  | .00        | .00      |
| RESPIRATORY CARE PRACT.       | 1     | 1      | 29.48         | 29.48    | .000  | 29.48      | .00      |
| PED SUBACUTE REHAB/WEANING    | 0     | 0      | .00           | .00      | .000  | .00        | .00      |
| ALL OTHER PROVIDERS           | 586   | 82,841 | 58,262.41     | .70      | 5.772 | 99.42      | 4.06     |
| @CALIF. CHILDREN SERVICES*    | 106   | 4,239  | \$ 130,188.07 | \$ 30.71 | .295  | \$ 1228.19 | \$ 9.07  |
| @XOVER EXCLUDING STATE HOSP** | 1,338 | 14,831 | \$ 181,164.69 | \$ 12.22 | 1.033 | \$ 135.40  | \$ 12.62 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |                   |
|----------------------------|---|-------------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 701          |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03          |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR MN - NO SOC - AGED  | AID CODE 14 1H 1U |

| 1,025 ELIGIBLES            | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|
|                            |       |                                     |               |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 849   | 7,269                               | \$ 345,300.48 | \$ 47.50                     | 7.092                       | \$ 406.71        | \$ 336.88            |
| @PHYSICIANS SERVICES       | 165   | 607                                 | \$ 9,951.15   | \$ 16.39                     | .592                        | \$ 60.31         | \$ 9.71              |
| OUTPATIENT VISITS          | 3     | 3                                   | 142.90        | 47.63                        | .003                        | 47.63            | .14                  |
| OFFICE VISITS              | 3     | 3                                   | 142.90        | 47.63                        | .003                        | 47.63            | .14                  |
| HOME VISITS                | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| INPATIENT VISITS           | 2     | 10                                  | 377.71        | 37.77                        | .010                        | 188.86           | .37                  |
| HOSPITAL VISITS            | 2     | 10                                  | 377.71        | 37.77                        | .010                        | 188.86           | .37                  |
| CRITICAL CARE              | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 1     | 1                                   | 236.41        | 236.41                       | .001                        | 236.41           | .23                  |
| PRINCIPAL SURGEON          | 1     | 1                                   | 236.41        | 236.41                       | .001                        | 236.41           | .23                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| RADIOLOGY                  | 2     | 6                                   | 242.25        | 40.38                        | .006                        | 121.13           | .24                  |
| PSYCHIATRY                 | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 162   | 587                                 | 8,951.88      | 15.25                        | .573                        | 55.26            | 8.73                 |
| @PHARMACY                  | 720   | 2,923                               | \$ 165,035.88 | \$ 56.46                     | 2.852                       | \$ 229.22        | \$ 161.01            |
| PRESCRIPTION DRUGS         | 719   | 2,892                               | 163,706.02    | 56.61                        | 2.821                       | 227.69           | 159.71               |

|                         |     |       |              |          |       |           |          |
|-------------------------|-----|-------|--------------|----------|-------|-----------|----------|
| SNF/ICF                 | 38  | 173   | 11,650.82    | 67.35    | .169  | 306.60    | 11.37    |
| OUTPATIENTS             | 683 | 2,719 | 152,055.20   | 55.92    | 2.653 | 222.63    | 148.35   |
| MEDICAL SUPPLIES        | 14  | 31    | 1,329.86     | 42.90    | .030  | 94.99     | 1.30     |
| @DENTIST                | 53  | 187   | \$ 12,382.00 | \$ 66.21 | .182  | \$ 233.62 | \$ 12.08 |
| VISITS - DIAGNOSTIC     | 31  | 103   | 1,551.00     | 15.06    | .100  | 50.03     | 1.51     |
| ORAL SURGERY            | 7   | 32    | 1,777.00     | 55.53    | .031  | 253.86    | 1.73     |
| DRUGS                   | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| ANESTHESIA              | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| PERIODONTICS            | 1   | 1     | 200.00       | 200.00   | .001  | 200.00    | .20      |
| ENDODONTICS             | 3   | 3     | 735.00       | 245.00   | .003  | 245.00    | .72      |
| RESTORATIVE DENTISTRY   | 11  | 23    | 2,824.00     | 122.78   | .022  | 256.73    | 2.76     |
| PROSTHETICS             | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| DENTURES, STAYPLATES    | 13  | 25    | 5,295.00     | 211.80   | .024  | 407.31    | 5.17     |
| SPACE MAINTAINERS       | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| MAXILLOFACIAL SERVICES  | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| FRACTURES, DISLOCATIONS | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| ORTHODONTIC SERVICES    | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| ALL OTHER SERVICES      | 0   | 0     | .00          | .00      | .000  | .00       | .00      |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 702  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - AGED      AID CODE 14 1H 1U

| 1,025 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
|                              |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 42    | 88                                  | \$ 2,531.06  | \$ 28.76                     | .086                        | \$ 60.26         | \$ 2.47              |
| DIAGNOSTIC AND ANC. PROCED   | 15    | 15                                  | 354.44       | 23.63                        | .015                        | 23.63            | .35                  |
| EYE APPLIANCES               | 28    | 66                                  | 2,060.66     | 31.22                        | .064                        | 73.60            | 2.01                 |
| OTHER OPTOMETRIC SERVICES    | 3     | 7                                   | 115.96       | 16.57                        | .007                        | 38.65            | .11                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @PODIATRIST                  | 16    | 18                                  | \$ 137.05    | \$ 7.61                      | .018                        | \$ 8.57          | \$ .13               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER                        | 16    | 18                                  | 137.05       | 7.61                         | .018                        | 8.57             | .13                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 1     | 2                                   | 20.76        | 10.38                        | .002                        | 20.76            | .02                  |
| NURSE MIDWIFE                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @TOTAL HOSPITAL              | 34    | 155                                 | \$ 8,745.33  | \$ 56.42                     | .151                        | \$ 257.22        | \$ 8.53              |
| HOSP INPATIENT TOTAL         | 11    | 41                                  | 6,335.51     | 154.52                       | .040                        | 575.96           | 6.18                 |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT CROSSOVERS         | 11    | 41                                  | 6,335.51     | 154.52                       | .040                        | 575.96           | 6.18                 |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 23    | 114                                 | 2,409.82     | 21.14                        | .111                        | 104.77           | 2.35                 |
| MEDICAL                      | 2     | 2                                   | 78.29        | 39.15                        | .002                        | 39.15            | .08                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                    | 3     | 15                                  | 200.85       | 13.39                        | .015                        | 66.95            | .20                  |

|                             |   |    |          |        |      |        |                   |
|-----------------------------|---|----|----------|--------|------|--------|-------------------|
| RADIOLOGY                   | 4   | 7  | 744.36   | 106.34 | .007 | 186.09 | .73               |
| ROOM USE                    | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| CROSSOVERS/ALL OTH OUTPTNT  | 19  | 90 | 1,386.32 | 15.40  | .088 | 72.96  | 1.35              |
| @COUNTY HOSPITAL TOTAL      | 0   | 0  | \$ 21.28 | \$ .00 | .000 | \$ .00 | \$ .02            |
| CO HOSPITAL INPATIENT TOTAL | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| HSC HOSPITALS               | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| NON-HSC HOSPITALS TOTAL     | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| ACCOMMODATIONS              | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| ADMINISTRATIVE DAYS         | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| TRANSITIONAL IP CARE        | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| ALL OTHER ACCOM             | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| ANCILLARIES                 | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| INPATIENT CROSSOVERS        | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| ALL OTHER INPATIENT         | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| CO HOSP OUTPATIENT TOTAL    | 0   | 0  | 21.28    | .00    | .000 | .00    | .02               |
| MEDICAL                     | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| SURGERY                     | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| PATHOLOGY                   | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| RADIOLOGY                   | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| ROOM USE                    | 0   | 0  | .00      | .00    | .000 | .00    | .00               |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 0  | 21.28    | .00    | .000 | .00    | .02               |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |    |          |        |      |        | PAGE 703          |
| MOP024                      | FEE-FOR-SERVICE/DENTAL  |    |          |        |      |        | 01/17/03          |
| AMADOR COUNTY               | SUMMARY OF SERVICES FOR MN - NO SOC - AGED  |    |          |        |      |        | AID CODE 14 1H 1U |

|                           | 1,025 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | MONTHLY AVERAGE<br>COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-------------------------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 34              | 155   | \$ 8,724.05                         | \$ 56.28     | .151                         | \$ 256.59              | \$ 8.51                             |                      |
| COMM HOSP INPATIENT TOTAL | 11              | 41    | 6,335.51                            | 154.52       | .040                         | 575.96                 | 6.18                                |                      |
| HSC HOSPITALS             | 0               | 0     | .00                                 | .00          | .000                         | .00                    | .00                                 |                      |
| NON-HSC HOSPITALS TOTAL   | 0               | 0     | .00                                 | .00          | .000                         | .00                    | .00                                 |                      |
| ACCOMMODATIONS            | 0               | 0     | .00                                 | .00          | .000                         | .00                    | .00                                 |                      |

|                               |     |     |            |        |      |         |        |
|-------------------------------|-----|-----|------------|--------|------|---------|--------|
| ADMINISTRATIVE DAYS           | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| TRANSITIONAL IP CARE          | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| ALL OTHER ACCOM               | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| ANCILLARIES                   | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| INPATIENT CROSSOVERS          | 11  | 41  | 6,335.51   | 154.52 | .040 | 575.96  | 6.18   |
| ALL OTHER INPATIENT           | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| COMM HOSP OUTPATIENT TOTAL    | 23  | 114 | 2,388.54   | 20.95  | .111 | 103.85  | 2.33   |
| MEDICAL                       | 2   | 2   | 78.29      | 39.15  | .002 | 39.15   | .08    |
| SURGERY                       | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| PATHOLOGY                     | 3   | 15  | 200.85     | 13.39  | .015 | 66.95   | .20    |
| RADIOLOGY                     | 4   | 7   | 744.36     | 106.34 | .007 | 186.09  | .73    |
| ROOM USE                      | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| CROSSOVERS/ALL OTH OUTPTNT    | 19  | 90  | 1,365.04   | 15.17  | .088 | 71.84   | 1.33   |
| @STATE HOSPITAL               | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| MENTALLY ILL                  | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| DEVELOP. DISABLED             | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| @NURSING FACILITY             | 36  | 906 | 116,164.41 | 128.22 | .884 | 3226.79 | 113.33 |
| LEV A-INTERMEDIATE            | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| LEV B-REHAB MD                | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| LEV B-SUBACUTE FREESTANDING   | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| LEV B-SUBACUTE HSPTL BASED    | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| LEV B-TRANSITIONAL IP CARE    | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| LEV B-REGULAR                 | 36  | 906 | 116,164.41 | 128.22 | .884 | 3226.79 | 113.33 |
| @INTERMEDIATE CARE FACIL.--DD | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| ICF DDH                       | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| ICF DD                        | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| ICF DDN/DDCN                  | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| @HEMODIALYSIS TOTAL           | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| HOSPITAL BASED                | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| HEMODIALYSIS CENTER           | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| @REHABILITATION FACILITY      | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| HOSPITAL BASED                | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| INDEPENDENT FACILITY          | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| @LABORATORY FACILITY          | 6   | 9   | 164.24     | 18.25  | .009 | 27.37   | .16    |
| PATHOLOGY                     | 1   | 1   | 28.00      | 28.00  | .001 | 28.00   | .03    |
| XO AND OTHERS                 | 5   | 8   | 136.24     | 17.03  | .008 | 27.25   | .13    |
| @ORGANIZED OUTPATIENT CLINIC  | 106 | 141 | 8,393.08   | 59.53  | .138 | 79.18   | 8.19   |
| CLINIC                        | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| SURGICENTER                   | 2   | 2   | 399.76     | 199.88 | .002 | 199.88  | .39    |
| HEROIN DETOX CLINIC           | 0   | 0   | .00        | .00    | .000 | .00     | .00    |
| RURAL HEALTH CLINIC           | 104 | 139 | 7,993.32   | 57.51  | .136 | 76.86   | 7.80   |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 704  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - AGED      AID CODE 14 1H 1U

| 1,025 ELIGIBLES        | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
|                        |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS   | 134   | 2,233                               | \$ 21,775.52 | \$ 9.75                      | 2.179                       | \$ 162.50        | \$ 21.24             |
| DURABLE MED. EQUIP.    | 1     | 1                                   | 55.07        | 55.07                        | .001                        | 55.07            | .05                  |
| BLOOD BANK             | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HEARING AID DISPENSERS | 2     | 3                                   | 1,150.13     | 383.38                       | .003                        | 575.07           | 1.12                 |
| MEDICAL TRANSPORTATION | 35    | 642                                 | 3,230.11     | 5.03                         | .626                        | 92.29            | 3.15                 |
| AMBULANCES/AIR TRANS   | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER TRANS            | 3     | 28                                  | 106.63       | 3.81                         | .027                        | 35.54            | .10                  |
| OTHER SERVICES         | 33    | 614                                 | 3,123.48     | 5.09                         | .599                        | 94.65            | 3.05                 |
| ACUPUNCTURE            | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |



|                               |     |       |              |          |       |           |          |
|-------------------------------|-----|-------|--------------|----------|-------|-----------|----------|
| ADULT DAY HEALTH CARE CTR     | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| GENETIC DISEASE TESTING       | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 19  | 72    | 5,681.84     | 78.91    | .070  | 299.04    | 5.54     |
| OCCUPATIONAL THERAPIST        | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| OPTICIAN                      | 25  | 57    | 624.13       | 10.95    | .056  | 24.97     | .61      |
| PHYSICAL THERAPIST            | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| PORTABLE X-RAY                | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| PROSTHETIST/ORTHOTISTS        | 2   | 5     | 74.12        | 14.82    | .005  | 37.06     | .07      |
| PROSTHETICS                   | 1   | 4     | 15.43        | 3.86     | .004  | 15.43     | .02      |
| ORTHOTICS                     | 1   | 1     | 58.69        | 58.69    | .001  | 58.69     | .06      |
| PSYCHOLOGIST                  | 4   | 5     | 30.40        | 6.08     | .005  | 7.60      | .03      |
| SPEECH AND AUDIOLOGY          | 4   | 8     | 899.04       | 112.38   | .008  | 224.76    | .88      |
| HOSPICE SERVICES              | 3   | 61    | 6,508.80     | 106.70   | .060  | 2169.60   | 6.35     |
| NONINST BIRTHING CENTERS      | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| LOCAL EDUCATION AGENCIES      | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| EPSDT SUPPLEMENTAL SERVICE    | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| RESPIRATORY CARE PRACT.       | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| PED SUBACUTE REHAB/WEANING    | 0   | 0     | .00          | .00      | .000  | .00       | .00      |
| ALL OTHER PROVIDERS           | 51  | 1,379 | 3,521.88     | 2.55     | 1.345 | 69.06     | 3.44     |
| @CALIF. CHILDREN SERVICES*    | 0   | 0     | \$ .00       | \$ .00   | .000  | \$ .00    | \$ .00   |
| @XOVER EXCLUDING STATE HOSP** | 242 | 1,482 | \$ 35,305.18 | \$ 23.82 | 1.446 | \$ 145.89 | \$ 34.44 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |             |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 705    |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03    |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR MN - NO SOC - BLIND   | AID CODE 24 |

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @PHYSICIANS SERVICES       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| OUTPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OFFICE VISITS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                            |   |   |        |        |      |        |        |
|----------------------------|---|---|--------|--------|------|--------|--------|
| RADIOLOGY                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PSYCHIATRY                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @PHARMACY                  | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| PRESCRIPTION DRUGS         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SNF/ICF                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OUTPATIENTS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL SUPPLIES           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @DENTIST                   | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| VISITS - DIAGNOSTIC        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORAL SURGERY               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DRUGS                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIA                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PERIODONTICS               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ENDODONTICS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESTORATIVE DENTISTRY      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETICS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DENTURES, STAYPLATES       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SPACE MAINTAINERS          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MAXILLOFACIAL SERVICES     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| FRACTURES, DISLOCATIONS    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORTHODONTIC SERVICES       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER SERVICES         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 706  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - BLIND      AID CODE 24

| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                             |   |   |        |        |      |        |        |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| INPATIENT CROSSOVERS        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER INPATIENT         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HOSP OUTPATIENT TOTAL       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGERY                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @COUNTY HOSPITAL TOTAL      | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HSC HOSPITALS               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| NON-HSC HOSPITALS TOTAL     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ACCOMMODATIONS              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ADMINISTRATIVE DAYS         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| TRANSITIONAL IP CARE        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER ACCOM             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANCILLARIES                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INPATIENT CROSSOVERS        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER INPATIENT         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CO HOSP OUTPATIENT TOTAL    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGERY                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      707  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - BLIND      AID CODE 24

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| COMM HOSP INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @STATE HOSPITAL            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |   |   |    |     |     |      |     |     |
|------------------------------|---|---|----|-----|-----|------|-----|-----|
| LEV B-REHAB MD               | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING  | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED   | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE   | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR                | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| ICF DDH                      | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ICF DD                       | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN                 | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL          | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| HOSPITAL BASED               | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY     | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| HOSPITAL BASED               | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY         | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY         | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| PATHOLOGY                    | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS                | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| CLINIC                       | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER                  | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 708  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - BLIND      AID CODE 24

| 00 ELIGIBLES         | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                               |   |   |        |        |      |        |        |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| HEARING AID DISPENSERS        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL TRANSPORTATION        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| AMBULANCES/AIR TRANS          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OTHER TRANS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OTHER SERVICES                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ACUPUNCTURE                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ADULT DAY HEALTH CARE CTR     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| GENETIC DISEASE TESTING       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OCCUPATIONAL THERAPIST        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OPTICIAN                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PHYSICAL THERAPIST            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PORTABLE X-RAY                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETIST/ORTHOTISTS        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETICS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORTHOTICS                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PSYCHOLOGIST                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SPEECH AND AUDIOLOGY          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HOSPICE SERVICES              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| NONINST BIRTHING CENTERS      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LOCAL EDUCATION AGENCIES      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| EPSDT SUPPLEMENTAL SERVICE    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESPIRATORY CARE PRACT.       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PED SUBACUTE REHAB/WEANING    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER PROVIDERS           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @CALIF. CHILDREN SERVICES*    | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |          |
|----------------------------|---|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 709 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G                   |          |

| 961 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|
|                            |       |                                     |               |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 817   | 15,799                              | \$ 385,983.94 | \$ 24.43                     | 16.440                      | \$ 472.44        | \$ 401.65            |
| @PHYSICIANS SERVICES       | 175   | 692                                 | \$ 15,256.03  | \$ 22.05                     | .720                        | \$ 87.18         | \$ 15.88             |
| OUTPATIENT VISITS          | 36    | 54                                  | 2,485.08      | 46.02                        | .056                        | 69.03            | 2.59                 |
| OFFICE VISITS              | 28    | 30                                  | 1,312.08      | 43.74                        | .031                        | 46.86            | 1.37                 |
| HOME VISITS                | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| EMERGENCY ROOM             | 7     | 13                                  | 865.24        | 66.56                        | .014                        | 123.61           | .90                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| OTHER OUTPATIENT           | 6     | 11                                  | 307.76        | 27.98                        | .011                        | 51.29            | .32                  |
| INPATIENT VISITS           | 5     | 13                                  | 613.41        | 47.19                        | .014                        | 122.68           | .64                  |
| HOSPITAL VISITS            | 5     | 13                                  | 613.41        | 47.19                        | .014                        | 122.68           | .64                  |
| CRITICAL CARE              | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 3     | 147                                 | 571.51        | 3.89                         | .153                        | 190.50           | .59                  |
| PRINCIPAL SURGEON          | 1     | 1                                   | 257.43        | 257.43                       | .001                        | 257.43           | .27                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |
| ANESTHESIOLOGIST           | 2     | 146                                 | 314.08        | 2.15                         | .152                        | 157.04           | .33                  |

|                            |   |       |    |            |          |       |           |           |
|----------------------------|---|-------|----|------------|----------|-------|-----------|-----------|
| OUTPATIENT SURGERY         | 10  | 21    |    | 2,713.17   | 129.20   | .022  | 271.32    | 2.82      |
| PRINCIPAL SURGEON          | 8   | 11    |    | 2,319.91   | 210.90   | .011  | 289.99    | 2.41      |
| ASSISTANT SURGEON          | 0   | 0     |    | .00        | .00      | .000  | .00       | .00       |
| ANESTHESIOLOGIST           | 4   | 10    |    | 393.26     | 39.33    | .010  | 98.32     | .41       |
| DIALYSIS                   | 0   | 0     |    | .00        | .00      | .000  | .00       | .00       |
| PATHOLOGY                  | 4   | 12    |    | 927.47     | 77.29    | .012  | 231.87    | .97       |
| RADIOLOGY                  | 22  | 39    |    | 991.40     | 25.42    | .041  | 45.06     | 1.03      |
| PSYCHIATRY                 | 0   | 0     |    | .00        | .00      | .000  | .00       | .00       |
| IMMUNIZATION AND INJECTION | 3   | 4     |    | 49.15      | 12.29    | .004  | 16.38     | .05       |
| OTHER SERVICES/ALL X-OVERS | 133   | 402   |    | 6,904.84   | 17.18    | .418  | 51.92     | 7.19      |
| @PHARMACY                  | 715   | 5,265 | \$ | 267,194.09 | \$ 50.75 | 5.479 | \$ 373.70 | \$ 278.04 |
| PRESCRIPTION DRUGS         | 710   | 2,986 |    | 262,299.16 | 87.84    | 3.107 | 369.44    | 272.94    |
| SNF/ICF                    | 15  | 140   |    | 18,698.34  | 133.56   | .146  | 1246.56   | 19.46     |
| OUTPATIENTS                | 695   | 2,846 |    | 243,600.82 | 85.59    | 2.961 | 350.50    | 253.49    |
| MEDICAL SUPPLIES           | 54  | 2,279 |    | 4,894.93   | 2.15     | 2.371 | 90.65     | 5.09      |
| @DENTIST                   | 61  | 246   | \$ | 12,542.63  | \$ 50.99 | .256  | \$ 205.62 | \$ 13.05  |
| VISITS - DIAGNOSTIC        | 37  | 138   |    | 2,257.00   | 16.36    | .144  | 61.00     | 2.35      |
| ORAL SURGERY               | 9   | 29    |    | 1,307.00   | 45.07    | .030  | 145.22    | 1.36      |
| DRUGS                      | 0   | 0     |    | .00        | .00      | .000  | .00       | .00       |
| ANESTHESIA                 | 0   | 0     |    | .00        | .00      | .000  | .00       | .00       |
| PERIODONTICS               | 4   | 5     |    | 800.00     | 160.00   | .005  | 200.00    | .83       |
| ENDODONTICS                | 3   | 5     |    | 1,210.00   | 242.00   | .005  | 403.33    | 1.26      |
| RESTORATIVE DENTISTRY      | 17  | 55    |    | 4,676.50   | 85.03    | .057  | 275.09    | 4.87      |
| PROSTHETICS                | 0   | 0     |    | .00        | .00      | .000  | .00       | .00       |
| DENTURES, STAYPLATES       | 9   | 13    |    | 2,110.00   | 162.31   | .014  | 234.44    | 2.20      |
| SPACE MAINTAINERS          | 0   | 0     |    | .00        | .00      | .000  | .00       | .00       |
| MAXILLOFACIAL SERVICES     | 1   | 1     |    | 182.13     | 182.13   | .001  | 182.13    | .19       |
| FRACTURES, DISLOCATIONS    | 0   | 0     |    | .00        | .00      | .000  | .00       | .00       |
| ORTHODONTIC SERVICES       | 0   | 0     |    | .00        | .00      | .000  | .00       | .00       |
| ALL OTHER SERVICES         | 0   | 0     |    | .00        | .00      | .000  | .00       | .00       |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |       |    |            |          |       |           | PAGE 710  |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |       |    |            |          |       |           | 01/17/03  |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G                   |       |    |            |          |       |           |           |

| 961 ELIGIBLES                |    | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|----|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST                 | 30 | 63    | \$                                  | 1,344.34     | \$ 21.34                     | .066                   | \$ 44.81         | \$ 1.40              |
| DIAGNOSTIC AND ANC. PROCED   | 17 | 16    |                                     | 459.35       | 28.71                        | .017                   | 27.02            | .48                  |
| EYE APPLIANCES               | 16 | 45    |                                     | 695.19       | 15.45                        | .047                   | 43.45            | .72                  |
| OTHER OPTOMETRIC SERVICES    | 4  | 2     |                                     | 189.80       | 94.90                        | .002                   | 47.45            | .20                  |
| @CHIROPRACTOR                | 0  | 0     | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0  | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0  | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 10 | 15    | \$                                  | 170.37       | \$ 11.36                     | .016                   | \$ 17.04         | \$ .18               |
| MEDICINE/INJECTIONS          | 3  | 4     |                                     | 115.20       | 28.80                        | .004                   | 38.40            | .12                  |
| SURGERY/ANES.                | 1  | 1     |                                     | 15.00        | 15.00                        | .001                   | 15.00            | .02                  |
| RADIO./PATHOLOGY             | 0  | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 6  | 10    |                                     | 40.17        | 4.02                         | .010                   | 6.70             | .04                  |
| @HOME HEALTH AGENCY          | 8  | 902   | \$                                  | 26,792.33    | \$ 29.70                     | .939                   | \$ 3349.04       | \$ 27.88             |
| NURSE ANESTHESIST            | 3  | 30    | \$                                  | 86.81        | \$ 2.89                      | .031                   | \$ 28.94         | \$ .09               |
| NURSE MIDWIFE                | 0  | 0     | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0  | 0     | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0  | 0     | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 94 | 573   | \$                                  | 24,417.87    | \$ 42.61                     | .596                   | \$ 259.76        | \$ 25.41             |
| HOSP INPATIENT TOTAL         | 8  | 25    |                                     | 9,275.97     | 371.04                       | .026                   | 1159.50          | 9.65                 |
| HSC HOSPITALS                | 0  | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |

|                             |    |     |           |         |      |         |        |
|-----------------------------|----|-----|-----------|---------|------|---------|--------|
| NON-HSC HOSPITAL TOTAL      | 1  | 3   | 3,933.29  | 1311.10 | .003 | 3933.29 | 4.09   |
| ACCOMMODATIONS              | 1  | 3   | 1,404.00  | 468.00  | .003 | 1404.00 | 1.46   |
| ADMINISTRATIVE DAYS         | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| TRANSITIONAL IP CARE        | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| ALL OTHER ACCOM             | 1  | 3   | 1,404.00  | 468.00  | .003 | 1404.00 | 1.46   |
| ANCILLARIES                 | 1  | 0   | 2,529.29  | .00     | .000 | 2529.29 | 2.63   |
| INPATIENT CROSSOVERS        | 7  | 22  | 5,342.68  | 242.85  | .023 | 763.24  | 5.56   |
| ALL OTHER INPATIENT         | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| HOSP OUTPATIENT TOTAL       | 88 | 548 | 15,141.90 | 27.63   | .570 | 172.07  | 15.76  |
| MEDICAL                     | 21 | 33  | 2,180.69  | 66.08   | .034 | 103.84  | 2.27   |
| SURGERY                     | 8  | 7   | 638.09    | 91.16   | .007 | 79.76   | .66    |
| PATHOLOGY                   | 41 | 211 | 2,380.54  | 11.28   | .220 | 58.06   | 2.48   |
| RADIOLOGY                   | 21 | 38  | 2,725.56  | 71.73   | .040 | 129.79  | 2.84   |
| ROOM USE                    | 28 | 50  | 2,773.54  | 55.47   | .052 | 99.06   | 2.89   |
| CROSSOVERS/ALL OTH OUTPTNT  | 50 | 209 | 4,443.48  | 21.26   | .217 | 88.87   | 4.62   |
| @COUNTY HOSPITAL TOTAL      | 0  | 0   | \$ 14.40  | \$ .00  | .000 | \$ .00  | \$ .01 |
| CO HOSPITAL INPATIENT TOTAL | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| HSC HOSPITALS               | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| NON-HSC HOSPITALS TOTAL     | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| ACCOMMODATIONS              | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| ADMINISTRATIVE DAYS         | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| TRANSITIONAL IP CARE        | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| ALL OTHER ACCOM             | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| ANCILLARIES                 | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| INPATIENT CROSSOVERS        | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| ALL OTHER INPATIENT         | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| CO HOSP OUTPATIENT TOTAL    | 0  | 0   | 14.40     | .00     | .000 | .00     | .01    |
| MEDICAL                     | 0  | 0   | 6.44      | .00     | .000 | .00     | .01    |
| SURGERY                     | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| PATHOLOGY                   | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| RADIOLOGY                   | 0  | 0   | .00       | .00     | .000 | .00     | .00    |
| ROOM USE                    | 0  | 0   | 7.96      | .00     | .000 | .00     | .01    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0  | 0   | .00       | .00     | .000 | .00     | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 711  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED      64 6G 6H 6U 6V 6X 8G

| 961 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL  | 94    | 573                                 | \$ 24,403.47 | \$ 42.59                     | .596                   | \$ 259.61        | \$ 25.39             |
| COMM HOSP INPATIENT TOTAL  | 8     | 25                                  | 9,275.97     | 371.04                       | .026                   | 1159.50          | 9.65                 |
| HSC HOSPITALS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL    | 1     | 3                                   | 3,933.29     | 1311.10                      | .003                   | 3933.29          | 4.09                 |
| ACCOMMODATIONS             | 1     | 3                                   | 1,404.00     | 468.00                       | .003                   | 1404.00          | 1.46                 |
| ADMINISTRATIVE DAYS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM            | 1     | 3                                   | 1,404.00     | 468.00                       | .003                   | 1404.00          | 1.46                 |
| ANCILLARIES                | 1     | 0                                   | 2,529.29     | .00                          | .000                   | 2529.29          | 2.63                 |
| INPATIENT CROSSOVERS       | 7     | 22                                  | 5,342.68     | 242.85                       | .023                   | 763.24           | 5.56                 |
| ALL OTHER INPATIENT        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL | 88    | 548                                 | 15,127.50    | 27.60                        | .570                   | 171.90           | 15.74                |
| MEDICAL                    | 21    | 33                                  | 2,174.25     | 65.89                        | .034                   | 103.54           | 2.26                 |
| SURGERY                    | 8     | 7                                   | 638.09       | 91.16                        | .007                   | 79.76            | .66                  |
| PATHOLOGY                  | 41    | 211                                 | 2,380.54     | 11.28                        | .220                   | 58.06            | 2.48                 |
| RADIOLOGY                  | 21    | 38                                  | 2,725.56     | 71.73                        | .040                   | 129.79           | 2.84                 |
| ROOM USE                   | 28    | 50                                  | 2,765.58     | 55.31                        | .052                   | 98.77            | 2.88                 |

|                              |   |     |    |           |           |      |            |          |          |
|------------------------------|---|-----|----|-----------|-----------|------|------------|----------|----------|
| CROSSOVERS/ALL OTH OUTPTNT   | 50  | 209 |    | 4,443.48  | 21.26     | .217 | 88.87      | 4.62     |          |
| @STATE HOSPITAL              | 0   | 0   | \$ | .00       | \$ .00    | .000 | \$ .00     | \$ .00   |          |
| MENTALLY ILL                 | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| DEVELOP. DISABLED            | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| @NURSING FACILITY            | 3   | 59  | \$ | 6,876.67  | \$ 116.55 | .061 | \$ 2292.22 | \$ 7.16  |          |
| LEV A-INTERMEDIATE           | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| LEV B-REHAB MD               | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| LEV B-SUBACUTE FREESTANDING  | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| LEV B-REGULAR                | 3   | 59  |    | 6,876.67  | 116.55    | .061 | 2292.22    | 7.16     |          |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0   | \$ | .00       | \$ .00    | .000 | \$ .00     | \$ .00   |          |
| ICF DDH                      | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| ICF DD                       | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| ICF DDN/DDCN                 | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| @HEMODIALYSIS TOTAL          | 0   | 0   | \$ | .00       | \$ .00    | .000 | \$ .00     | \$ .00   |          |
| HOSPITAL BASED               | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| HEMODIALYSIS CENTER          | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| @REHABILITATION FACILITY     | 0   | 0   | \$ | .00       | \$ .00    | .000 | \$ .00     | \$ .00   |          |
| HOSPITAL BASED               | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| INDEPENDENT FACILITY         | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| @LABORATORY FACILITY         | 20  | 31  | \$ | 649.89    | \$ 20.96  | .032 | \$ 32.49   | \$ .68   |          |
| PATHOLOGY                    | 12  | 22  |    | 513.63    | 23.35     | .023 | 42.80      | .53      |          |
| XO AND OTHERS                | 8   | 9   |    | 136.26    | 15.14     | .009 | 17.03      | .14      |          |
| @ORGANIZED OUTPATIENT CLINIC | 143   | 237 | \$ | 21,490.62 | \$ 90.68  | .247 | \$ 150.28  | \$ 22.36 |          |
| CLINIC                       | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| SURGICENTER                  | 1   | 9   |    | 167.28    | 18.59     | .009 | 167.28     | .17      |          |
| HEROIN DETOX CLINIC          | 0   | 0   |    | .00       | .00       | .000 | .00        | .00      |          |
| RURAL HEALTH CLINIC          | 142   | 228 |    | 21,323.34 | 93.52     | .237 | 150.16     | 22.19    |          |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |     |    |           |           |      |            |          | PAGE 712 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |     |    |           |           |      |            |          | 01/17/03 |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G                   |     |    |           |           |      |            |          |          |

| 961 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |  |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|--|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @ALL OTHER PROVIDERS       | 101   | 7,686                               | \$ 9,162.29  | \$ 1.19                      | 7.998                  | \$ 90.72         | \$ 9.53              |  |
| DURABLE MED. EQUIP.        | 4     | 7                                   | 380.83       | 54.40                        | .007                   | 95.21            | .40                  |  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| MEDICAL TRANSPORTATION     | 6     | 195                                 | 513.99       | 2.64                         | .203                   | 85.67            | .53                  |  |
| AMBULANCES/AIR TRANS       | 1     | 3                                   | 144.15       | 48.05                        | .003                   | 144.15           | .15                  |  |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| OTHER SERVICES             | 5     | 192                                 | 369.84       | 1.93                         | .200                   | 73.97            | .38                  |  |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| OPTICIAN                   | 19    | 46                                  | 481.02       | 10.46                        | .048                   | 25.32            | .50                  |  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| PROSTHETIST/ORTHOTISTS     | 2     | 4                                   | 1,988.57     | 497.14                       | .004                   | 994.29           | 2.07                 |  |
| PROSTHETICS                | 2     | 3                                   | 1,929.61     | 643.20                       | .003                   | 964.81           | 2.01                 |  |
| ORTHOTICS                  | 1     | 1                                   | 58.96        | 58.96                        | .001                   | 58.96            | .06                  |  |
| PSYCHOLOGIST               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| SPEECH AND AUDIOLOGY       | 2     | 18                                  | 675.00       | 37.50                        | .019                   | 337.50           | .70                  |  |



|                               |     |       |              |         |       |          |          |
|-------------------------------|-----|-------|--------------|---------|-------|----------|----------|
| HOSPICE SERVICES              | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| NONINST BIRTHING CENTERS      | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| LOCAL EDUCATION AGENCIES      | 7   | 368   | 1,513.39     | 4.11    | .383  | 216.20   | 1.57     |
| EPSDT SUPPLEMENTAL SERVICE    | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| RESPIRATORY CARE PRACT.       | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| PED SUBACUTE REHAB/WEANING    | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| ALL OTHER PROVIDERS           | 65  | 7,048 | 3,609.49     | .51     | 7.334 | 55.53    | 3.76     |
| @CALIF. CHILDREN SERVICES*    | 0   | 0     | \$ .00       | \$ .00  | .000  | \$ .00   | \$ .00   |
| @XOVER EXCLUDING STATE HOSP** | 190 | 2,749 | \$ 16,454.96 | \$ 5.99 | 2.861 | \$ 86.61 | \$ 17.12 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |                                    |  |          |
|----------------------------|------------------------------------|--|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 713 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL             |  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR            | MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J      |          |

|                           | 14,131 ELIGIBLES | USERS  | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------------------|------------------|--------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS     | 7,110            | 38,381 | \$                                  | 2,325,362.37 | \$ 60.59                     | 2.716                  | \$ 327.06        | \$ 164.56            |
| @PHYSICIANS SERVICES      | 2,242            | 6,842  | \$                                  | 290,660.80   | \$ 42.48                     | .484                   | \$ 129.64        | \$ 20.57             |
| OUTPATIENT VISITS         | 1,404            | 1,939  |                                     | 69,100.97    | 35.64                        | .137                   | 49.22            | 4.89                 |
| OFFICE VISITS             | 1,191            | 1,545  |                                     | 49,796.81    | 32.23                        | .109                   | 41.81            | 3.52                 |
| HOME VISITS               | 0                | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM            | 76               | 81     |                                     | 4,054.68     | 50.06                        | .006                   | 53.35            | .29                  |
| PREVENTIVE CARE           | 4                | 4      |                                     | 159.93       | 39.98                        | .000                   | 39.98            | .01                  |
| OB VISITS/COMPRE PERI     | 121              | 261    |                                     | 13,722.93    | 52.58                        | .018                   | 113.41           | .97                  |
| OTHER OUTPATIENT          | 44               | 48     |                                     | 1,366.62     | 28.47                        | .003                   | 31.06            | .10                  |
| INPATIENT VISITS          | 121              | 465    |                                     | 38,623.76    | 83.06                        | .033                   | 319.20           | 2.73                 |
| HOSPITAL VISITS           | 108              | 231    |                                     | 10,736.67    | 46.48                        | .016                   | 99.41            | .76                  |
| CRITICAL CARE             | 21               | 234    |                                     | 27,887.09    | 119.18                       | .017                   | 1327.96          | 1.97                 |
| SNF/ICF/TRANS IP CARE     | 0                | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES | 2                | 3      |                                     | 130.23       | 43.41                        | .000                   | 65.12            | .01                  |

|                            |   |       |    |            |          |      |           |          |
|----------------------------|---|-------|----|------------|----------|------|-----------|----------|
| EXAMINATIONS               | 2   | 3     |    | 130.23     | 43.41    | .000 | 65.12     | .01      |
| SERVICES AND MATERIALS     | 0   | 0     |    | .00        | .00      | .000 | .00       | .00      |
| INPATIENT HOSPITAL SURGERY | 149   | 1,362 |    | 66,485.40  | 48.81    | .096 | 446.21    | 4.70     |
| PRINCIPAL SURGEON          | 88  | 102   |    | 50,616.06  | 496.24   | .007 | 575.18    | 3.58     |
| ASSISTANT SURGEON          | 23  | 23    |    | 3,748.53   | 162.98   | .002 | 162.98    | .27      |
| ANESTHESIOLOGIST           | 65  | 1,237 |    | 12,120.81  | 9.80     | .088 | 186.47    | .86      |
| OUTPATIENT SURGERY         | 254   | 809   |    | 53,734.84  | 66.42    | .057 | 211.55    | 3.80     |
| PRINCIPAL SURGEON          | 203   | 267   |    | 41,781.89  | 156.49   | .019 | 205.82    | 2.96     |
| ASSISTANT SURGEON          | 1   | 1     |    | 146.22     | 146.22   | .000 | 146.22    | .01      |
| ANESTHESIOLOGIST           | 86  | 541   |    | 11,806.73  | 21.82    | .038 | 137.29    | .84      |
| DIALYSIS                   | 0   | 0     |    | .00        | .00      | .000 | .00       | .00      |
| PATHOLOGY                  | 219   | 330   |    | 6,960.57   | 21.09    | .023 | 31.78     | .49      |
| RADIOLOGY                  | 652   | 993   |    | 25,648.03  | 25.83    | .070 | 39.34     | 1.82     |
| PSYCHIATRY                 | 0   | 0     |    | .00        | .00      | .000 | .00       | .00      |
| IMMUNIZATION AND INJECTION | 61  | 137   |    | 5,331.15   | 38.91    | .010 | 87.40     | .38      |
| OTHER SERVICES/ALL X-OVERS | 233   | 804   |    | 24,645.85  | 30.65    | .057 | 105.78    | 1.74     |
| @PHARMACY                  | 3,776   | 8,978 | \$ | 463,153.21 | \$ 51.59 | .635 | \$ 122.66 | \$ 32.78 |
| PRESCRIPTION DRUGS         | 3,751   | 8,799 |    | 456,177.61 | 51.84    | .623 | 121.61    | 32.28    |
| SNF/ICF                    | 0   | 0     |    | .00        | .00      | .000 | .00       | .00      |
| OUTPATIENTS                | 3,751   | 8,799 |    | 456,177.61 | 51.84    | .623 | 121.61    | 32.28    |
| MEDICAL SUPPLIES           | 86  | 179   |    | 6,975.60   | 38.97    | .013 | 81.11     | .49      |
| @DENTIST                   | 607   | 2,991 | \$ | 134,593.80 | \$ 45.00 | .212 | \$ 221.74 | \$ 9.52  |
| VISITS - DIAGNOSTIC        | 387   | 1,636 |    | 25,277.20  | 15.45    | .116 | 65.32     | 1.79     |
| ORAL SURGERY               | 81  | 221   |    | 14,018.60  | 63.43    | .016 | 173.07    | .99      |
| DRUGS                      | 9   | 11    |    | 130.00     | 11.82    | .001 | 14.44     | .01      |
| ANESTHESIA                 | 8   | 8     |    | 800.00     | 100.00   | .001 | 100.00    | .06      |
| PERIODONTICS               | 21  | 21    |    | 3,155.00   | 150.24   | .001 | 150.24    | .22      |
| ENDODONTICS                | 67  | 123   |    | 18,808.00  | 152.91   | .009 | 280.72    | 1.33     |
| RESTORATIVE DENTISTRY      | 241   | 830   |    | 58,209.00  | 70.13    | .059 | 241.53    | 4.12     |
| PROSTHETICS                | 2   | 2     |    | 60.00      | 30.00    | .000 | 30.00     | .00      |
| DENTURES, STAYPLATES       | 20  | 89    |    | 8,642.00   | 97.10    | .006 | 432.10    | .61      |
| SPACE MAINTAINERS          | 4   | 6     |    | 684.00     | 114.00   | .000 | 171.00    | .05      |
| MAXILLOFACIAL SERVICES     | 4   | 5     |    | 300.00     | 60.00    | .000 | 75.00     | .02      |
| FRACTURES, DISLOCATIONS    | 0   | 0     |    | .00        | .00      | .000 | .00       | .00      |
| ORTHODONTIC SERVICES       | 23  | 35    |    | 4,435.00   | 126.71   | .002 | 192.83    | .31      |
| ALL OTHER SERVICES         | 3   | 4     |    | 75.00      | 18.75    | .000 | 25.00     | .01      |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |       |    |            |          |      |           | PAGE 714 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |       |    |            |          |      |           | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J                 |       |    |            |          |      |           |          |

|                            |       |                                     |              |                              |                        | ----- MONTHLY AVERAGE ----- |                      |  |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 14,131 ELIGIBLES           | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER            | COST PER<br>ELIGIBLE |  |
| @OPTOMETRIST               | 195   | 490                                 | \$ 12,259.75 | \$ 25.02                     | .035                   | \$ 62.87                    | \$ .87               |  |
| DIAGNOSTIC AND ANC. PROCED | 144   | 145                                 | 6,723.23     | 46.37                        | .010                   | 46.69                       | .48                  |  |
| EYE APPLIANCES             | 112   | 313                                 | 4,845.13     | 15.48                        | .022                   | 43.26                       | .34                  |  |
| OTHER OPTOMETRIC SERVICES  | 30    | 32                                  | 691.39       | 21.61                        | .002                   | 23.05                       | .05                  |  |
| @CHIROPRACTOR              | 20    | 32                                  | \$ 497.42    | \$ 15.54                     | .002                   | \$ 24.87                    | \$ .04               |  |
| VISITS                     | 20    | 32                                  | 497.42       | 15.54                        | .002                   | 24.87                       | .04                  |  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| @PODIATRIST                | 17    | 25                                  | \$ 830.90    | \$ 33.24                     | .002                   | \$ 48.88                    | \$ .06               |  |
| MEDICINE/INJECTIONS        | 13    | 13                                  | 561.20       | 43.17                        | .001                   | 43.17                       | .04                  |  |
| SURGERY/ANES.              | 5     | 10                                  | 235.10       | 23.51                        | .001                   | 47.02                       | .02                  |  |
| RADIO./PATHOLOGY           | 2     | 2                                   | 34.60        | 17.30                        | .000                   | 17.30                       | .00                  |  |
| OTHER                      | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| @HOME HEALTH AGENCY        | 8     | 33                                  | \$ 2,105.05  | \$ 63.79                     | .002                   | \$ 263.13                   | \$ .15               |  |
| NURSE ANESTHESIST          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00                      | \$ .00               |  |

|                              |       |       |    |              |    |         |      |    |          |    |       |
|------------------------------|-------|-------|----|--------------|----|---------|------|----|----------|----|-------|
| NURSE MIDWIFE                | 3     | 18    | \$ | 596.75       | \$ | 33.15   | .001 | \$ | 198.92   | \$ | .04   |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0     | \$ | .00          | \$ | .00     | .000 | \$ | .00      | \$ | .00   |
| FAMILY NURSE PRACTITIONER    | 1     | 1     | \$ | 75.17        | \$ | 75.17   | .000 | \$ | 75.17    | \$ | .01   |
| @TOTAL HOSPITAL              | 2,322 | 9,502 | \$ | 1,063,424.39 | \$ | 111.92  | .672 | \$ | 457.98   | \$ | 75.25 |
| HOSP INPATIENT TOTAL         | 120   | 659   |    | 790,528.41   |    | 1199.59 | .047 |    | 6587.74  |    | 55.94 |
| HSC HOSPITALS                | 37    | 337   |    | 410,867.22   |    | 1219.19 | .024 |    | 11104.52 |    | 29.08 |
| NON-HSC HOSPITAL TOTAL       | 80    | 306   |    | 376,781.71   |    | 1231.31 | .022 |    | 4709.77  |    | 26.66 |
| ACCOMMODATIONS               | 78    | 306   |    | 124,173.29   |    | 405.80  | .022 |    | 1591.97  |    | 8.79  |
| ADMINISTRATIVE DAYS          | 0     | 0     |    | .00          |    | .00     | .000 |    | .00      |    | .00   |
| TRANSITIONAL IP CARE         | 0     | 0     |    | .00          |    | .00     | .000 |    | .00      |    | .00   |
| ALL OTHER ACCOM              | 78    | 306   |    | 124,173.29   |    | 405.80  | .022 |    | 1591.97  |    | 8.79  |
| ANCILLARIES                  | 80    | 0     |    | 252,608.42   |    | .00     | .000 |    | 3157.61  |    | 17.88 |
| INPATIENT CROSSOVERS         | 4     | 16    |    | 2,879.48     |    | 179.97  | .001 |    | 719.87   |    | .20   |
| ALL OTHER INPATIENT          | 0     | 0     |    | .00          |    | .00     | .000 |    | .00      |    | .00   |
| HOSP OUTPATIENT TOTAL        | 2,255 | 8,843 |    | 272,895.98   |    | 30.86   | .626 |    | 121.02   |    | 19.31 |
| MEDICAL                      | 1,139 | 1,467 |    | 72,147.26    |    | 49.18   | .104 |    | 63.34    |    | 5.11  |
| SURGERY                      | 102   | 105   |    | 6,819.87     |    | 64.95   | .007 |    | 66.86    |    | .48   |
| PATHOLOGY                    | 899   | 3,477 |    | 42,564.17    |    | 12.24   | .246 |    | 47.35    |    | 3.01  |
| RADIOLOGY                    | 605   | 846   |    | 57,572.16    |    | 68.05   | .060 |    | 95.16    |    | 4.07  |
| ROOM USE                     | 1,330 | 1,766 |    | 74,719.96    |    | 42.31   | .125 |    | 56.18    |    | 5.29  |
| CROSSOVERS/ALL OTH OUTPTNT   | 595   | 1,182 |    | 19,072.56    |    | 16.14   | .084 |    | 32.05    |    | 1.35  |
| @COUNTY HOSPITAL TOTAL       | 14    | 37    | \$ | 1,193.60     | \$ | 32.26   | .003 | \$ | 85.26    | \$ | .08   |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0     |    | .00          |    | .00     | .000 |    | .00      |    | .00   |
| HSC HOSPITALS                | 0     | 0     |    | .00          |    | .00     | .000 |    | .00      |    | .00   |
| NON-HSC HOSPITALS TOTAL      | 0     | 0     |    | .00          |    | .00     | .000 |    | .00      |    | .00   |
| ACCOMMODATIONS               | 0     | 0     |    | .00          |    | .00     | .000 |    | .00      |    | .00   |
| ADMINISTRATIVE DAYS          | 0     | 0     |    | .00          |    | .00     | .000 |    | .00      |    | .00   |
| TRANSITIONAL IP CARE         | 0     | 0     |    | .00          |    | .00     | .000 |    | .00      |    | .00   |
| ALL OTHER ACCOM              | 0     | 0     |    | .00          |    | .00     | .000 |    | .00      |    | .00   |
| ANCILLARIES                  | 0     | 0     |    | .00          |    | .00     | .000 |    | .00      |    | .00   |
| INPATIENT CROSSOVERS         | 0     | 0     |    | .00          |    | .00     | .000 |    | .00      |    | .00   |
| ALL OTHER INPATIENT          | 0     | 0     |    | .00          |    | .00     | .000 |    | .00      |    | .00   |
| CO HOSP OUTPATIENT TOTAL     | 14    | 37    |    | 1,193.60     |    | 32.26   | .003 |    | 85.26    |    | .08   |
| MEDICAL                      | 4     | 5     |    | 322.98       |    | 64.60   | .000 |    | 80.75    |    | .02   |
| SURGERY                      | 2     | 2     |    | 30.33        |    | 15.17   | .000 |    | 15.17    |    | .00   |
| PATHOLOGY                    | 5     | 16    |    | 247.03       |    | 15.44   | .001 |    | 49.41    |    | .02   |
| RADIOLOGY                    | 6     | 8     |    | 206.85       |    | 25.86   | .001 |    | 34.48    |    | .01   |
| ROOM USE                     | 4     | 5     |    | 321.59       |    | 64.32   | .000 |    | 80.40    |    | .02   |
| CROSSOVERS/ALL OTH OUTPTNT   | 1     | 1     |    | 64.82        |    | 64.82   | .000 |    | 64.82    |    | .00   |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 715  
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
AMADOR COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

|                           | 14,131 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------------------|------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 2,313            | 9,465 | \$                                  | 1,062,230.79 | \$ 112.23                    | .670                   | \$ 459.24        | \$ 75.17             |
| COMM HOSP INPATIENT TOTAL | 120              | 659   |                                     | 790,528.41   | 1199.59                      | .047                   | 6587.74          | 55.94                |
| HSC HOSPITALS             | 37               | 337   |                                     | 410,867.22   | 1219.19                      | .024                   | 11104.52         | 29.08                |
| NON-HSC HOSPITALS TOTAL   | 80               | 306   |                                     | 376,781.71   | 1231.31                      | .022                   | 4709.77          | 26.66                |
| ACCOMMODATIONS            | 78               | 306   |                                     | 124,173.29   | 405.80                       | .022                   | 1591.97          | 8.79                 |
| ADMINISTRATIVE DAYS       | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE      | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM           | 78               | 306   |                                     | 124,173.29   | 405.80                       | .022                   | 1591.97          | 8.79                 |
| ANCILLARIES               | 80               | 0     |                                     | 252,608.42   | .00                          | .000                   | 3157.61          | 17.88                |
| INPATIENT CROSSOVERS      | 4                | 16    |                                     | 2,879.48     | 179.97                       | .001                   | 719.87           | .20                  |
| ALL OTHER INPATIENT       | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |

|                              |       |       |            |        |      |        |       |
|------------------------------|-------|-------|------------|--------|------|--------|-------|
| COMM HOSP OUTPATIENT TOTAL   | 2,246 | 8,806 | 271,702.38 | 30.85  | .623 | 120.97 | 19.23 |
| MEDICAL                      | 1,135 | 1,462 | 71,824.28  | 49.13  | .103 | 63.28  | 5.08  |
| SURGERY                      | 100   | 103   | 6,789.54   | 65.92  | .007 | 67.90  | .48   |
| PATHOLOGY                    | 894   | 3,461 | 42,317.14  | 12.23  | .245 | 47.33  | 2.99  |
| RADIOLOGY                    | 601   | 838   | 57,365.31  | 68.46  | .059 | 95.45  | 4.06  |
| ROOM USE                     | 1,328 | 1,761 | 74,398.37  | 42.25  | .125 | 56.02  | 5.26  |
| CROSSOVERS/ALL OTH OUTPTNT   | 594   | 1,181 | 19,007.74  | 16.09  | .084 | 32.00  | 1.35  |
| @STATE HOSPITAL              | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| MENTALLY ILL                 | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| DEVELOP. DISABLED            | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| @NURSING FACILITY            | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| LEV A-INTERMEDIATE           | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| LEV B-REHAB MD               | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| LEV B-REGULAR                | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| ICF DDH                      | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| ICF DD                       | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| ICF DDN/DDCN                 | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| @HEMODIALYSIS TOTAL          | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| HOSPITAL BASED               | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| HEMODIALYSIS CENTER          | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| @REHABILITATION FACILITY     | 4     | 27    | 632.08     | 23.41  | .002 | 158.02 | .04   |
| HOSPITAL BASED               | 4     | 27    | 632.08     | 23.41  | .002 | 158.02 | .04   |
| INDEPENDENT FACILITY         | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| @LABORATORY FACILITY         | 356   | 861   | 15,893.76  | 18.46  | .061 | 44.65  | 1.12  |
| PATHOLOGY                    | 355   | 859   | 15,833.51  | 18.43  | .061 | 44.60  | 1.12  |
| XO AND OTHERS                | 1     | 2     | 60.25      | 30.13  | .000 | 60.25  | .00   |
| @ORGANIZED OUTPATIENT CLINIC | 1,496 | 2,255 | 273,990.37 | 121.50 | .160 | 183.15 | 19.39 |
| CLINIC                       | 35    | 148   | 4,519.83   | 30.54  | .010 | 129.14 | .32   |
| SURGICENTER                  | 13    | 97    | 3,167.55   | 32.66  | .007 | 243.66 | .22   |
| HEROIN DETOX CLINIC          | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| RURAL HEALTH CLINIC          | 1,452 | 2,010 | 266,302.99 | 132.49 | .142 | 183.40 | 18.85 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 716  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

|                            | 14,131 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS       | 861              | 6,326 | \$                                  | 66,648.92    | \$ 10.54                     | .448                   | \$ 77.41         | \$ 4.72              |
| DURABLE MED. EQUIP.        | 26               | 107   |                                     | 4,584.66     | 42.85                        | .008                   | 176.33           | .32                  |
| BLOOD BANK                 | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS     | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 85               | 1,533 |                                     | 24,889.48    | 16.24                        | .108                   | 292.82           | 1.76                 |
| AMBULANCES/AIR TRANS       | 80               | 1,375 |                                     | 20,825.88    | 15.15                        | .097                   | 260.32           | 1.47                 |
| OTHER TRANS                | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES             | 7                | 158   |                                     | 4,063.60     | 25.72                        | .011                   | 580.51           | .29                  |
| ACUPUNCTURE                | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING    | 41               | 41    |                                     | 3,075.00     | 75.00                        | .003                   | 75.00            | .22                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 1                | 6     |                                     | 272.58       | 45.43                        | .000                   | 272.58           | .02                  |
| OCCUPATIONAL THERAPIST     | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                   | 116              | 243   |                                     | 2,289.20     | 9.42                         | .017                   | 19.73            | .16                  |
| PHYSICAL THERAPIST         | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |

|                               |     |       |               |           |      |            |          |
|-------------------------------|-----|-------|---------------|-----------|------|------------|----------|
| PORTABLE X-RAY                | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| PROSTHETIST/ORTHOTISTS        | 14  | 32    | 7,077.25      | 221.16    | .002 | 505.52     | .50      |
| PROSTHETICS                   | 7   | 25    | 6,618.90      | 264.76    | .002 | 945.56     | .47      |
| ORTHOTICS                     | 7   | 7     | 458.35        | 65.48     | .000 | 65.48      | .03      |
| PSYCHOLOGIST                  | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| SPEECH AND AUDIOLOGY          | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| HOSPICE SERVICES              | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| NONINST BIRTHING CENTERS      | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| LOCAL EDUCATION AGENCIES      | 569 | 2,532 | 23,027.37     | 9.09      | .179 | 40.47      | 1.63     |
| EPSDT SUPPLEMENTAL SERVICE    | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| RESPIRATORY CARE PRACT.       | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| PED SUBACUTE REHAB/WEANING    | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| ALL OTHER PROVIDERS           | 15  | 1,832 | 1,433.38      | .78       | .130 | 95.56      | .10      |
| @CALIF. CHILDREN SERVICES*    | 64  | 502   | \$ 285,969.88 | \$ 569.66 | .036 | \$ 4468.28 | \$ 20.24 |
| @XOVER EXCLUDING STATE HOSP** | 23  | 263   | \$ 4,365.96   | \$ 16.60  | .019 | \$ 189.82  | \$ .31   |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |          |
|----------------------------|---|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 717 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC                                   |          |

| 16,117 ELIGIBLES           | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 8,776 | 61,449                              | \$ 3,056,646.79 | \$ 49.74                     | 3.813                                     | \$ 348.30        | \$ 189.65            |
| @PHYSICIANS SERVICES       | 2,582 | 8,141                               | \$ 315,867.98   | \$ 38.80                     | .505                                      | \$ 122.33        | \$ 19.60             |
| OUTPATIENT VISITS          | 1,443 | 1,996                               | 71,728.95       | 35.94                        | .124                                      | 49.71            | 4.45                 |
| OFFICE VISITS              | 1,222 | 1,578                               | 51,251.79       | 32.48                        | .098                                      | 41.94            | 3.18                 |
| HOME VISITS                | 0     | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| EMERGENCY ROOM             | 83    | 94                                  | 4,919.92        | 52.34                        | .006                                      | 59.28            | .31                  |
| PREVENTIVE CARE            | 4     | 4                                   | 159.93          | 39.98                        | .000                                      | 39.98            | .01                  |
| OB VISITS/COMPRE PERI      | 121   | 261                                 | 13,722.93       | 52.58                        | .016                                      | 113.41           | .85                  |
| OTHER OUTPATIENT           | 50    | 59                                  | 1,674.38        | 28.38                        | .004                                      | 33.49            | .10                  |
| INPATIENT VISITS           | 128   | 488                                 | 39,614.88       | 81.18                        | .030                                      | 309.49           | 2.46                 |
| HOSPITAL VISITS            | 115   | 254                                 | 11,727.79       | 46.17                        | .016                                      | 101.98           | .73                  |
| CRITICAL CARE              | 21    | 234                                 | 27,887.09       | 119.18                       | .015                                      | 1327.96          | 1.73                 |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 2     | 3                                   | 130.23          | 43.41                        | .000                                      | 65.12            | .01                  |
| EXAMINATIONS               | 2     | 3                                   | 130.23          | 43.41                        | .000                                      | 65.12            | .01                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 153   | 1,510                               | 67,293.32       | 44.57                        | .094                                      | 439.83           | 4.18                 |
| PRINCIPAL SURGEON          | 90    | 104                                 | 51,109.90       | 491.44                       | .006                                      | 567.89           | 3.17                 |
| ASSISTANT SURGEON          | 23    | 23                                  | 3,748.53        | 162.98                       | .001                                      | 162.98           | .23                  |
| ANESTHESIOLOGIST           | 67    | 1,383                               | 12,434.89       | 8.99                         | .086                                      | 185.60           | .77                  |
| OUTPATIENT SURGERY         | 264   | 830                                 | 56,448.01       | 68.01                        | .051                                      | 213.82           | 3.50                 |
| PRINCIPAL SURGEON          | 211   | 278                                 | 44,101.80       | 158.64                       | .017                                      | 209.01           | 2.74                 |
| ASSISTANT SURGEON          | 1     | 1                                   | 146.22          | 146.22                       | .000                                      | 146.22           | .01                  |
| ANESTHESIOLOGIST           | 90    | 551                                 | 12,199.99       | 22.14                        | .034                                      | 135.56           | .76                  |
| DIALYSIS                   | 0     | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| PATHOLOGY                  | 223   | 342                                 | 7,888.04        | 23.06                        | .021                                      | 35.37            | .49                  |
| RADIOLOGY                  | 676   | 1,038                               | 26,881.68       | 25.90                        | .064                                      | 39.77            | 1.67                 |
| PSYCHIATRY                 | 0     | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 64    | 141                                 | 5,380.30        | 38.16                        | .009                                      | 84.07            | .33                  |
| OTHER SERVICES/ALL X-OVERS | 528   | 1,793                               | 40,502.57       | 22.59                        | .111                                      | 76.71            | 2.51                 |
| @PHARMACY                  | 5,211 | 17,166                              | \$ 895,383.18   | \$ 52.16                     | 1.065                                     | \$ 171.83        | \$ 55.56             |
| PRESCRIPTION DRUGS         | 5,180 | 14,677                              | 882,182.79      | 60.11                        | .911                                      | 170.31           | 54.74                |

|                         |       |        |               |          |      |           |         |
|-------------------------|-------|--------|---------------|----------|------|-----------|---------|
| SNF/ICF                 | 53    | 313    | 30,349.16     | 96.96    | .019 | 572.63    | 1.88    |
| OUTPATIENTS             | 5,129 | 14,364 | 851,833.63    | 59.30    | .891 | 166.08    | 52.85   |
| MEDICAL SUPPLIES        | 154   | 2,489  | 13,200.39     | 5.30     | .154 | 85.72     | .82     |
| @DENTIST                | 721   | 3,424  | \$ 159,518.43 | \$ 46.59 | .212 | \$ 221.25 | \$ 9.90 |
| VISITS - DIAGNOSTIC     | 455   | 1,877  | 29,085.20     | 15.50    | .116 | 63.92     | 1.80    |
| ORAL SURGERY            | 97    | 282    | 17,102.60     | 60.65    | .017 | 176.32    | 1.06    |
| DRUGS                   | 9     | 11     | 130.00        | 11.82    | .001 | 14.44     | .01     |
| ANESTHESIA              | 8     | 8      | 800.00        | 100.00   | .000 | 100.00    | .05     |
| PERIODONTICS            | 26    | 27     | 4,155.00      | 153.89   | .002 | 159.81    | .26     |
| ENDODONTICS             | 73    | 131    | 20,753.00     | 158.42   | .008 | 284.29    | 1.29    |
| RESTORATIVE DENTISTRY   | 269   | 908    | 65,709.50     | 72.37    | .056 | 244.27    | 4.08    |
| PROSTHETICS             | 2     | 2      | 60.00         | 30.00    | .000 | 30.00     | .00     |
| DENTURES, STAYPLATES    | 42    | 127    | 16,047.00     | 126.35   | .008 | 382.07    | 1.00    |
| SPACE MAINTAINERS       | 4     | 6      | 684.00        | 114.00   | .000 | 171.00    | .04     |
| MAXILLOFACIAL SERVICES  | 5     | 6      | 482.13        | 80.36    | .000 | 96.43     | .03     |
| FRACTURES, DISLOCATIONS | 0     | 0      | .00           | .00      | .000 | .00       | .00     |
| ORTHODONTIC SERVICES    | 23    | 35     | 4,435.00      | 126.71   | .002 | 192.83    | .28     |
| ALL OTHER SERVICES      | 3     | 4      | 75.00         | 18.75    | .000 | 25.00     | .00     |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 718  
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
AMADOR COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

|                            |       |                                     |              |                              |                        | ----- MONTHLY AVERAGE ----- |                      |  |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 16,117 ELIGIBLES           | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER            | COST PER<br>ELIGIBLE |  |
| @OPTOMETRIST               | 267   | 641                                 | \$ 16,135.15 | \$ 25.17                     | .040                   | \$ 60.43                    | \$ 1.00              |  |
| DIAGNOSTIC AND ANC. PROCED | 176   | 176                                 | 7,537.02     | 42.82                        | .011                   | 42.82                       | .47                  |  |
| EYE APPLIANCES             | 156   | 424                                 | 7,600.98     | 17.93                        | .026                   | 48.72                       | .47                  |  |
| OTHER OPTOMETRIC SERVICES  | 37    | 41                                  | 997.15       | 24.32                        | .003                   | 26.95                       | .06                  |  |
| @CHIROPRACTOR              | 20    | 32                                  | \$ 497.42    | \$ 15.54                     | .002                   | \$ 24.87                    | \$ .03               |  |
| VISITS                     | 20    | 32                                  | 497.42       | 15.54                        | .002                   | 24.87                       | .03                  |  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| @PODIATRIST                | 43    | 58                                  | \$ 1,138.32  | \$ 19.63                     | .004                   | \$ 26.47                    | \$ .07               |  |

|                              |       |        |    |              |           |      |            |          |
|------------------------------|-------|--------|----|--------------|-----------|------|------------|----------|
| MEDICINE/INJECTIONS          | 16    | 17     |    | 676.40       | 39.79     | .001 | 42.28      | .04      |
| SURGERY/ANES.                | 6     | 11     |    | 250.10       | 22.74     | .001 | 41.68      | .02      |
| RADIO./PATHOLOGY             | 2     | 2      |    | 34.60        | 17.30     | .000 | 17.30      | .00      |
| OTHER                        | 22    | 28     |    | 177.22       | 6.33      | .002 | 8.06       | .01      |
| @HOME HEALTH AGENCY          | 16    | 935    | \$ | 28,897.38    | \$ 30.91  | .058 | \$ 1806.09 | \$ 1.79  |
| NURSE ANESTHESIST            | 4     | 32     | \$ | 107.57       | \$ 3.36   | .002 | \$ 26.89   | \$ .01   |
| NURSE MIDWIFE                | 3     | 18     | \$ | 596.75       | \$ 33.15  | .001 | \$ 198.92  | \$ .04   |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0      | \$ | .00          | \$ .00    | .000 | \$ .00     | \$ .00   |
| FAMILY NURSE PRACTITIONER    | 1     | 1      | \$ | 75.17        | \$ 75.17  | .000 | \$ 75.17   | \$ .00   |
| @TOTAL HOSPITAL              | 2,450 | 10,230 | \$ | 1,096,587.59 | \$ 107.19 | .635 | \$ 447.59  | \$ 68.04 |
| HOSP INPATIENT TOTAL         | 139   | 725    |    | 806,139.89   | 1111.92   | .045 | 5799.57    | 50.02    |
| HSC HOSPITALS                | 37    | 337    |    | 410,867.22   | 1219.19   | .021 | 11104.52   | 25.49    |
| NON-HSC HOSPITAL TOTAL       | 81    | 309    |    | 380,715.00   | 1232.09   | .019 | 4700.19    | 23.62    |
| ACCOMMODATIONS               | 79    | 309    |    | 125,577.29   | 406.40    | .019 | 1589.59    | 7.79     |
| ADMINISTRATIVE DAYS          | 0     | 0      |    | .00          | .00       | .000 | .00        | .00      |
| TRANSITIONAL IP CARE         | 0     | 0      |    | .00          | .00       | .000 | .00        | .00      |
| ALL OTHER ACCOM              | 79    | 309    |    | 125,577.29   | 406.40    | .019 | 1589.59    | 7.79     |
| ANCILLARIES                  | 81    | 0      |    | 255,137.71   | .00       | .000 | 3149.85    | 15.83    |
| INPATIENT CROSSOVERS         | 22    | 79     |    | 14,557.67    | 184.27    | .005 | 661.71     | .90      |
| ALL OTHER INPATIENT          | 0     | 0      |    | .00          | .00       | .000 | .00        | .00      |
| HOSP OUTPATIENT TOTAL        | 2,366 | 9,505  |    | 290,447.70   | 30.56     | .590 | 122.76     | 18.02    |
| MEDICAL                      | 1,162 | 1,502  |    | 74,406.24    | 49.54     | .093 | 64.03      | 4.62     |
| SURGERY                      | 110   | 112    |    | 7,457.96     | 66.59     | .007 | 67.80      | .46      |
| PATHOLOGY                    | 943   | 3,703  |    | 45,145.56    | 12.19     | .230 | 47.87      | 2.80     |
| RADIOLOGY                    | 630   | 891    |    | 61,042.08    | 68.51     | .055 | 96.89      | 3.79     |
| ROOM USE                     | 1,358 | 1,816  |    | 77,493.50    | 42.67     | .113 | 57.06      | 4.81     |
| CROSSOVERS/ALL OTH OUTPTNT   | 664   | 1,481  |    | 24,902.36    | 16.81     | .092 | 37.50      | 1.55     |
| @COUNTY HOSPITAL TOTAL       | 14    | 37     | \$ | 1,229.28     | \$ 33.22  | .002 | \$ 87.81   | \$ .08   |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0      |    | .00          | .00       | .000 | .00        | .00      |
| HSC HOSPITALS                | 0     | 0      |    | .00          | .00       | .000 | .00        | .00      |
| NON-HSC HOSPITALS TOTAL      | 0     | 0      |    | .00          | .00       | .000 | .00        | .00      |
| ACCOMMODATIONS               | 0     | 0      |    | .00          | .00       | .000 | .00        | .00      |
| ADMINISTRATIVE DAYS          | 0     | 0      |    | .00          | .00       | .000 | .00        | .00      |
| TRANSITIONAL IP CARE         | 0     | 0      |    | .00          | .00       | .000 | .00        | .00      |
| ALL OTHER ACCOM              | 0     | 0      |    | .00          | .00       | .000 | .00        | .00      |
| ANCILLARIES                  | 0     | 0      |    | .00          | .00       | .000 | .00        | .00      |
| INPATIENT CROSSOVERS         | 0     | 0      |    | .00          | .00       | .000 | .00        | .00      |
| ALL OTHER INPATIENT          | 0     | 0      |    | .00          | .00       | .000 | .00        | .00      |
| CO HOSP OUTPATIENT TOTAL     | 14    | 37     |    | 1,229.28     | 33.22     | .002 | 87.81      | .08      |
| MEDICAL                      | 4     | 5      |    | 329.42       | 65.88     | .000 | 82.36      | .02      |
| SURGERY                      | 2     | 2      |    | 30.33        | 15.17     | .000 | 15.17      | .00      |
| PATHOLOGY                    | 5     | 16     |    | 247.03       | 15.44     | .001 | 49.41      | .02      |
| RADIOLOGY                    | 6     | 8      |    | 206.85       | 25.86     | .000 | 34.48      | .01      |
| ROOM USE                     | 4     | 5      |    | 329.55       | 65.91     | .000 | 82.39      | .02      |
| CROSSOVERS/ALL OTH OUTPTNT   | 1     | 1      |    | 86.10        | 86.10     | .000 | 86.10      | .01      |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 719  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

|                           |       |                                     |                 |                              | ----- MONTHLY AVERAGE ----- |                  |                      |  |
|---------------------------|-------|-------------------------------------|-----------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 16,117 ELIGIBLES          | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @COMMUNITY HOSPITAL TOTAL | 2,441 | 10,193                              | \$ 1,095,358.31 | \$ 107.46                    | .632                        | \$ 448.73        | \$ 67.96             |  |
| COMM HOSP INPATIENT TOTAL | 139   | 725                                 | 806,139.89      | 1111.92                      | .045                        | 5799.57          | 50.02                |  |
| HSC HOSPITALS             | 37    | 337                                 | 410,867.22      | 1219.19                      | .021                        | 11104.52         | 25.49                |  |
| NON-HSC HOSPITALS TOTAL   | 81    | 309                                 | 380,715.00      | 1232.09                      | .019                        | 4700.19          | 23.62                |  |
| ACCOMMODATIONS            | 79    | 309                                 | 125,577.29      | 406.40                       | .019                        | 1589.59          | 7.79                 |  |

|                              |       |       |            |        |      |         |       |
|------------------------------|-------|-------|------------|--------|------|---------|-------|
| ADMINISTRATIVE DAYS          | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| TRANSITIONAL IP CARE         | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| ALL OTHER ACCOM              | 79    | 309   | 125,577.29 | 406.40 | .019 | 1589.59 | 7.79  |
| ANCILLARIES                  | 81    | 0     | 255,137.71 | .00    | .000 | 3149.85 | 15.83 |
| INPATIENT CROSSOVERS         | 22    | 79    | 14,557.67  | 184.27 | .005 | 661.71  | .90   |
| ALL OTHER INPATIENT          | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| COMM HOSP OUTPATIENT TOTAL   | 2,357 | 9,468 | 289,218.42 | 30.55  | .587 | 122.71  | 17.94 |
| MEDICAL                      | 1,158 | 1,497 | 74,076.82  | 49.48  | .093 | 63.97   | 4.60  |
| SURGERY                      | 108   | 110   | 7,427.63   | 67.52  | .007 | 68.77   | .46   |
| PATHOLOGY                    | 938   | 3,687 | 44,898.53  | 12.18  | .229 | 47.87   | 2.79  |
| RADIOLOGY                    | 626   | 883   | 60,835.23  | 68.90  | .055 | 97.18   | 3.77  |
| ROOM USE                     | 1,356 | 1,811 | 77,163.95  | 42.61  | .112 | 56.91   | 4.79  |
| CROSSOVERS/ALL OTH OUTPTNT   | 663   | 1,480 | 24,816.26  | 16.77  | .092 | 37.43   | 1.54  |
| @STATE HOSPITAL              | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| MENTALLY ILL                 | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| DEVELOP. DISABLED            | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| @NURSING FACILITY            | 39    | 965   | 123,041.08 | 127.50 | .060 | 3154.90 | 7.63  |
| LEV A-INTERMEDIATE           | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| LEV B-REHAB MD               | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| LEV B-REGULAR                | 39    | 965   | 123,041.08 | 127.50 | .060 | 3154.90 | 7.63  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| ICF DDH                      | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| ICF DD                       | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| ICF DDN/DDCN                 | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| @HEMODIALYSIS TOTAL          | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| HOSPITAL BASED               | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| HEMODIALYSIS CENTER          | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| @REHABILITATION FACILITY     | 4     | 27    | 632.08     | 23.41  | .002 | 158.02  | .04   |
| HOSPITAL BASED               | 4     | 27    | 632.08     | 23.41  | .002 | 158.02  | .04   |
| INDEPENDENT FACILITY         | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| @LABORATORY FACILITY         | 382   | 901   | 16,707.89  | 18.54  | .056 | 43.74   | 1.04  |
| PATHOLOGY                    | 368   | 882   | 16,375.14  | 18.57  | .055 | 44.50   | 1.02  |
| XO AND OTHERS                | 14    | 19    | 332.75     | 17.51  | .001 | 23.77   | .02   |
| @ORGANIZED OUTPATIENT CLINIC | 1,745 | 2,633 | 303,874.07 | 115.41 | .163 | 174.14  | 18.85 |
| CLINIC                       | 35    | 148   | 4,519.83   | 30.54  | .009 | 129.14  | .28   |
| SURGICENTER                  | 16    | 108   | 3,734.59   | 34.58  | .007 | 233.41  | .23   |
| HEROIN DETOX CLINIC          | 0     | 0     | .00        | .00    | .000 | .00     | .00   |
| RURAL HEALTH CLINIC          | 1,698 | 2,377 | 295,619.65 | 124.37 | .147 | 174.10  | 18.34 |

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

PAGE 720

01/17/03

|                        | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| 16,117 ELIGIBLES       |       |                                     |              |                              |                        |                  |                      |
| @ALL OTHER PROVIDERS   | 1,096 | 16,245                              | \$ 97,586.73 | \$ 6.01                      | 1.008                  | \$ 89.04         | \$ 6.05              |
| DURABLE MED. EQUIP.    | 31    | 115                                 | 5,020.56     | 43.66                        | .007                   | 161.95           | .31                  |
| BLOOD BANK             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS | 2     | 3                                   | 1,150.13     | 383.38                       | .000                   | 575.07           | .07                  |
| MEDICAL TRANSPORTATION | 126   | 2,370                               | 28,633.58    | 12.08                        | .147                   | 227.25           | 1.78                 |
| AMBULANCES/AIR TRANS   | 81    | 1,378                               | 20,970.03    | 15.22                        | .085                   | 258.89           | 1.30                 |
| OTHER TRANS            | 3     | 28                                  | 106.63       | 3.81                         | .002                   | 35.54            | .01                  |
| OTHER SERVICES         | 45    | 964                                 | 7,556.92     | 7.84                         | .060                   | 167.93           | .47                  |
| ACUPUNCTURE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

----- MONTHLY AVERAGE -----



|                               |     |        |               |           |      |            |          |
|-------------------------------|-----|--------|---------------|-----------|------|------------|----------|
| ADULT DAY HEALTH CARE CTR     | 0   | 0      | .00           | .00       | .000 | .00        | .00      |
| GENETIC DISEASE TESTING       | 41  | 41     | 3,075.00      | 75.00     | .003 | 75.00      | .19      |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 20  | 78     | 5,954.42      | 76.34     | .005 | 297.72     | .37      |
| OCCUPATIONAL THERAPIST        | 0   | 0      | .00           | .00       | .000 | .00        | .00      |
| OPTICIAN                      | 160 | 346    | 3,394.35      | 9.81      | .021 | 21.21      | .21      |
| PHYSICAL THERAPIST            | 0   | 0      | .00           | .00       | .000 | .00        | .00      |
| PORTABLE X-RAY                | 0   | 0      | .00           | .00       | .000 | .00        | .00      |
| PROSTHETIST/ORTHOTISTS        | 18  | 41     | 9,139.94      | 222.93    | .003 | 507.77     | .57      |
| PROSTHETICS                   | 10  | 32     | 8,563.94      | 267.62    | .002 | 856.39     | .53      |
| ORTHOTICS                     | 9   | 9      | 576.00        | 64.00     | .001 | 64.00      | .04      |
| PSYCHOLOGIST                  | 4   | 5      | 30.40         | 6.08      | .000 | 7.60       | .00      |
| SPEECH AND AUDIOLOGY          | 6   | 26     | 1,574.04      | 60.54     | .002 | 262.34     | .10      |
| HOSPICE SERVICES              | 3   | 61     | 6,508.80      | 106.70    | .004 | 2169.60    | .40      |
| NONINST BIRTHING CENTERS      | 0   | 0      | .00           | .00       | .000 | .00        | .00      |
| LOCAL EDUCATION AGENCIES      | 576 | 2,900  | 24,540.76     | 8.46      | .180 | 42.61      | 1.52     |
| EPSDT SUPPLEMENTAL SERVICE    | 0   | 0      | .00           | .00       | .000 | .00        | .00      |
| RESPIRATORY CARE PRACT.       | 0   | 0      | .00           | .00       | .000 | .00        | .00      |
| PED SUBACUTE REHAB/WEANING    | 0   | 0      | .00           | .00       | .000 | .00        | .00      |
| ALL OTHER PROVIDERS           | 131 | 10,259 | 8,564.75      | .83       | .637 | 65.38      | .53      |
| @CALIF. CHILDREN SERVICES*    | 64  | 502    | \$ 285,969.88 | \$ 569.66 | .031 | \$ 4468.28 | \$ 17.74 |
| @XOVER EXCLUDING STATE HOSP** | 455 | 4,494  | \$ 56,126.10  | \$ 12.49  | .279 | \$ 123.35  | \$ 3.48  |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      721  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

AMADOR COUNTY      SUMMARY OF SERVICES FOR    29 MN - SOC - AGED

AID CODE

| 58 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 71    | 645                                 | \$ 52,073.36 | \$ 80.73                     | 11.121                 | \$ 733.43        | \$ 897.82            |
| @PHYSICIANS SERVICES       | 9     | 45                                  | \$ 483.53    | \$ 10.75                     | .776                   | \$ 53.73         | \$ 8.34              |
| OUTPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OFFICE VISITS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |   |                  |              |                             |            |           |          |           |           |
|------------------------------|---|------------------|--------------|-----------------------------|------------|-----------|----------|-----------|-----------|
| RADIOLOGY                    | 0   | 0                |              | .00                         |            | .00       | .000     | .00       | .00       |
| PSYCHIATRY                   | 0   | 0                |              | .00                         |            | .00       | .000     | .00       | .00       |
| IMMUNIZATION AND INJECTION   | 0   | 0                |              | .00                         |            | .00       | .000     | .00       | .00       |
| OTHER SERVICES/ALL X-OVERS   | 9   | 45               |              | 483.53                      |            | 10.75     | .776     | 53.73     | 8.34      |
| @PHARMACY                    | 39  | 160              | \$           | 6,769.69                    | \$         | 42.31     | 2.759    | \$ 173.58 | \$ 116.72 |
| PRESCRIPTION DRUGS           | 39  | 160              |              | 6,769.69                    |            | 42.31     | 2.759    | 173.58    | 116.72    |
| SNF/ICF                      | 10  | 56               |              | 3,452.42                    |            | 61.65     | .966     | 345.24    | 59.52     |
| OUTPATIENTS                  | 29  | 104              |              | 3,317.27                    |            | 31.90     | 1.793    | 114.39    | 57.19     |
| MEDICAL SUPPLIES             | 0   | 0                |              | .00                         |            | .00       | .000     | .00       | .00       |
| @DENTIST                     | 3   | 25               | \$           | 2,809.00                    | \$         | 112.36    | .431     | \$ 936.33 | \$ 48.43  |
| VISITS - DIAGNOSTIC          | 0   | 0                |              | .00                         |            | .00       | .000     | .00       | .00       |
| ORAL SURGERY                 | 2   | 14               |              | 955.00                      |            | 68.21     | .241     | 477.50    | 16.47     |
| DRUGS                        | 0   | 0                |              | .00                         |            | .00       | .000     | .00       | .00       |
| ANESTHESIA                   | 0   | 0                |              | .00                         |            | .00       | .000     | .00       | .00       |
| PERIODONTICS                 | 0   | 0                |              | .00                         |            | .00       | .000     | .00       | .00       |
| ENDODONTICS                  | 0   | 0                |              | .00                         |            | .00       | .000     | .00       | .00       |
| RESTORATIVE DENTISTRY        | 1   | 4                |              | 174.00                      |            | 43.50     | .069     | 174.00    | 3.00      |
| PROSTHETICS                  | 0   | 0                |              | .00                         |            | .00       | .000     | .00       | .00       |
| DENTURES, STAYPLATES         | 3   | 7                |              | 1,680.00                    |            | 240.00    | .121     | 560.00    | 28.97     |
| SPACE MAINTAINERS            | 0   | 0                |              | .00                         |            | .00       | .000     | .00       | .00       |
| MAXILLOFACIAL SERVICES       | 0   | 0                |              | .00                         |            | .00       | .000     | .00       | .00       |
| FRACTURES, DISLOCATIONS      | 0   | 0                |              | .00                         |            | .00       | .000     | .00       | .00       |
| ORTHODONTIC SERVICES         | 0   | 0                |              | .00                         |            | .00       | .000     | .00       | .00       |
| ALL OTHER SERVICES           | 0   | 0                |              | .00                         |            | .00       | .000     | .00       | .00       |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                  |              |                             |            |           |          |           | PAGE 722  |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |                  |              |                             |            |           |          |           | 01/17/03  |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 29 MN - SOC - AGED  |                  |              |                             |            |           |          |           |           |
|                              |   |                  |              | AID CODE                    |            |           |          |           |           |
|                              |   |                  |              | ----- MONTHLY AVERAGE ----- |            |           |          |           |           |
| 58 ELIGIBLES                 | USERS   | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST                | UNITS/DAYS | COST PER  | COST PER | COST PER  |           |
|                              |   | OR DAYS OF CARE  |              | PER UNIT/DAY                | PER ELIG   | USER      | ELIGIBLE | ELIGIBLE  |           |
| @OPTOMETRIST                 | 2   | 0 \$             | 96.76        | \$ .00                      | .000       | \$ 48.38  | \$ 1.67  |           |           |
| DIAGNOSTIC AND ANC. PROCED   | 0   | 0                | .00          | .00                         | .000       | .00       | .00      |           |           |
| EYE APPLIANCES               | 0   | 0                | .00          | .00                         | .000       | .00       | .00      |           |           |
| OTHER OPTOMETRIC SERVICES    | 2   | 0                | 96.76        | .00                         | .000       | 48.38     | 1.67     |           |           |
| @CHIROPRACTOR                | 0   | 0 \$             | .00          | \$ .00                      | .000       | \$ .00    | \$ .00   |           |           |
| VISITS                       | 0   | 0                | .00          | .00                         | .000       | .00       | .00      |           |           |
| OTHER SERVICES               | 0   | 0                | .00          | .00                         | .000       | .00       | .00      |           |           |
| @PODIATRIST                  | 2   | 4 \$             | 21.12        | \$ 5.28                     | .069       | \$ 10.56  | \$ .36   |           |           |
| MEDICINE/INJECTIONS          | 0   | 0                | .00          | .00                         | .000       | .00       | .00      |           |           |
| SURGERY/ANES.                | 0   | 0                | .00          | .00                         | .000       | .00       | .00      |           |           |
| RADIO./PATHOLOGY             | 0   | 0                | .00          | .00                         | .000       | .00       | .00      |           |           |
| OTHER                        | 2   | 4                | 21.12        | 5.28                        | .069       | 10.56     | .36      |           |           |
| @HOME HEALTH AGENCY          | 0   | 0 \$             | .00          | \$ .00                      | .000       | \$ .00    | \$ .00   |           |           |
| NURSE ANESTHESIST            | 0   | 0 \$             | .00          | \$ .00                      | .000       | \$ .00    | \$ .00   |           |           |
| NURSE MIDWIFE                | 0   | 0 \$             | .00          | \$ .00                      | .000       | \$ .00    | \$ .00   |           |           |
| PEDIATRIC NURSE PRACTITIONER | 0   | 0 \$             | .00          | \$ .00                      | .000       | \$ .00    | \$ .00   |           |           |
| FAMILY NURSE PRACTITIONER    | 0   | 0 \$             | .00          | \$ .00                      | .000       | \$ .00    | \$ .00   |           |           |
| @TOTAL HOSPITAL              | 3   | 13 \$            | 1,656.31     | \$ 127.41                   | .224       | \$ 552.10 | \$ 28.56 |           |           |
| HOSP INPATIENT TOTAL         | 2   | 12               | 1,624.00     | 135.33                      | .207       | 812.00    | 28.00    |           |           |
| HSC HOSPITALS                | 0   | 0                | .00          | .00                         | .000       | .00       | .00      |           |           |
| NON-HSC HOSPITAL TOTAL       | 0   | 0                | .00          | .00                         | .000       | .00       | .00      |           |           |
| ACCOMMODATIONS               | 0   | 0                | .00          | .00                         | .000       | .00       | .00      |           |           |
| ADMINISTRATIVE DAYS          | 0   | 0                | .00          | .00                         | .000       | .00       | .00      |           |           |
| TRANSITIONAL IP CARE         | 0   | 0                | .00          | .00                         | .000       | .00       | .00      |           |           |
| ALL OTHER ACCOM              | 0   | 0                | .00          | .00                         | .000       | .00       | .00      |           |           |
| ANCILLARIES                  | 0   | 0                | .00          | .00                         | .000       | .00       | .00      |           |           |

|                             |   |    |          |        |      |        |          |
|-----------------------------|---|----|----------|--------|------|--------|----------|
| INPATIENT CROSSOVERS        | 2   | 12 | 1,624.00 | 135.33 | .207 | 812.00 | 28.00    |
| ALL OTHER INPATIENT         | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| HOSP OUTPATIENT TOTAL       | 1   | 1  | 32.31    | 32.31  | .017 | 32.31  | .56      |
| MEDICAL                     | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| SURGERY                     | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| PATHOLOGY                   | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| RADIOLOGY                   | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| ROOM USE                    | 1   | 1  | 32.31    | 32.31  | .017 | 32.31  | .56      |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| @COUNTY HOSPITAL TOTAL      | 0   | 0  | \$ .00   | \$ .00 | .000 | \$ .00 | \$ .00   |
| CO HOSPITAL INPATIENT TOTAL | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| HSC HOSPITALS               | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| NON-HSC HOSPITALS TOTAL     | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| ACCOMMODATIONS              | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| ADMINISTRATIVE DAYS         | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| TRANSITIONAL IP CARE        | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| ALL OTHER ACCOM             | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| ANCILLARIES                 | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| INPATIENT CROSSOVERS        | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| ALL OTHER INPATIENT         | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| CO HOSP OUTPATIENT TOTAL    | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| MEDICAL                     | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| SURGERY                     | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| PATHOLOGY                   | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| RADIOLOGY                   | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| ROOM USE                    | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 0  | .00      | .00    | .000 | .00    | .00      |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |    |          |        |      |        | PAGE 723 |
| MOP024                      | FEE-FOR-SERVICE/DENTAL  |    |          |        |      |        | 01/17/03 |
| AMADOR COUNTY               | SUMMARY OF SERVICES FOR 29 MN - SOC - AGED  |    |          |        |      |        |          |
|                             | AID CODE  |    |          |        |      |        |          |

|              |       |                  |              |              | ----- MONTHLY AVERAGE ----- |          |          |
|--------------|-------|------------------|--------------|--------------|-----------------------------|----------|----------|
| 58 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS                  | COST PER | COST PER |

|                              |    | OR DAYS OF CARE |    |           | PER UNIT/DAY | PER ELIG | USER       | ELIGIBLE  |
|------------------------------|----|-----------------|----|-----------|--------------|----------|------------|-----------|
| @COMMUNITY HOSPITAL TOTAL    | 3  | 13              | \$ | 1,656.31  | \$ 127.41    | .224     | \$ 552.10  | \$ 28.56  |
| COMM HOSP INPATIENT TOTAL    | 2  | 12              |    | 1,624.00  | 135.33       | .207     | 812.00     | 28.00     |
| HSC HOSPITALS                | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| NON-HSC HOSPITALS TOTAL      | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| ACCOMMODATIONS               | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| ADMINISTRATIVE DAYS          | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| TRANSITIONAL IP CARE         | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| ALL OTHER ACCOM              | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| ANCILLARIES                  | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| INPATIENT CROSSOVERS         | 2  | 12              |    | 1,624.00  | 135.33       | .207     | 812.00     | 28.00     |
| ALL OTHER INPATIENT          | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| COMM HOSP OUTPATIENT TOTAL   | 1  | 1               |    | 32.31     | 32.31        | .017     | 32.31      | .56       |
| MEDICAL                      | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| SURGERY                      | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| PATHOLOGY                    | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| RADIOLOGY                    | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| ROOM USE                     | 1  | 1               |    | 32.31     | 32.31        | .017     | 32.31      | .56       |
| CROSSOVERS/ALL OTH OUTPTNT   | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| @STATE HOSPITAL              | 0  | 0               | \$ | .00       | \$ .00       | .000     | \$ .00     | \$ .00    |
| MENTALLY ILL                 | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| DEVELOP. DISABLED            | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| @NURSING FACILITY            | 14 | 344             | \$ | 37,131.10 | \$ 107.94    | 5.931    | \$ 2652.22 | \$ 640.19 |
| LEV A-INTERMEDIATE           | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| LEV B-REHAB MD               | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| LEV B-SUBACUTE FREESTANDING  | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| LEV B-SUBACUTE HSPTL BASED   | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| LEV B-TRANSITIONAL IP CARE   | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| LEV B-REGULAR                | 14 | 344             |    | 37,131.10 | 107.94       | 5.931    | 2652.22    | 640.19    |
| @INTERMEDIATE CARE FACIL.-DD | 0  | 0               | \$ | .00       | \$ .00       | .000     | \$ .00     | \$ .00    |
| ICF DDH                      | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| ICF DD                       | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| ICF DDN/DDCN                 | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| @HEMODIALYSIS TOTAL          | 0  | 0               | \$ | .00       | \$ .00       | .000     | \$ .00     | \$ .00    |
| HOSPITAL BASED               | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| HEMODIALYSIS CENTER          | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| @REHABILITATION FACILITY     | 0  | 0               | \$ | .00       | \$ .00       | .000     | \$ .00     | \$ .00    |
| HOSPITAL BASED               | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| INDEPENDENT FACILITY         | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| @LABORATORY FACILITY         | 0  | 0               | \$ | .00       | \$ .00       | .000     | \$ .00     | \$ .00    |
| PATHOLOGY                    | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| XO AND OTHERS                | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| @ORGANIZED OUTPATIENT CLINIC | 8  | 19              | \$ | 2,618.24  | \$ 137.80    | .328     | \$ 327.28  | \$ 45.14  |
| CLINIC                       | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| SURGICENTER                  | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| HEROIN DETOX CLINIC          | 0  | 0               |    | .00       | .00          | .000     | .00        | .00       |
| RURAL HEALTH CLINIC          | 8  | 19              |    | 2,618.24  | 137.80       | .328     | 327.28     | 45.14     |

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

AID CODE

----- MONTHLY AVERAGE -----

| 58 ELIGIBLES         | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 9     | 35                                  | \$ 487.61    | \$ 13.93                     | .603                   | \$ 54.18         | \$ 8.41              |
| DURABLE MED. EQUIP.  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                               |    |    |             |          |       |           |          |
|-------------------------------|----|----|-------------|----------|-------|-----------|----------|
| HEARING AID DISPENSERS        | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| MEDICAL TRANSPORTATION        | 5  | 29 | 312.14      | 10.76    | .500  | 62.43     | 5.38     |
| AMBULANCES/AIR TRANS          | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| OTHER TRANS                   | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| OTHER SERVICES                | 5  | 29 | 312.14      | 10.76    | .500  | 62.43     | 5.38     |
| ACUPUNCTURE                   | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| ADULT DAY HEALTH CARE CTR     | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| GENETIC DISEASE TESTING       | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| OCCUPATIONAL THERAPIST        | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| OPTICIAN                      | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| PHYSICAL THERAPIST            | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| PORTABLE X-RAY                | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| PROSTHETIST/ORTHOTISTS        | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| PROSTHETICS                   | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| ORTHOTICS                     | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| PSYCHOLOGIST                  | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| SPEECH AND AUDIOLOGY          | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| HOSPICE SERVICES              | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| NONINST BIRTHING CENTERS      | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| LOCAL EDUCATION AGENCIES      | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| EPSDT SUPPLEMENTAL SERVICE    | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| RESPIRATORY CARE PRACT.       | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| PED SUBACUTE REHAB/WEANING    | 0  | 0  | .00         | .00      | .000  | .00       | .00      |
| ALL OTHER PROVIDERS           | 4  | 6  | 175.47      | 29.25    | .103  | 43.87     | 3.03     |
| @CALIF. CHILDREN SERVICES*    | 0  | 0  | \$ .00      | \$ .00   | .000  | \$ .00    | \$ .00   |
| @XOVER EXCLUDING STATE HOSP** | 24 | 84 | \$ 3,985.50 | \$ 47.45 | 1.448 | \$ 166.06 | \$ 68.72 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |          |
|----------------------------|---|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 725 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND   |          |

| 02 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AID CODE                     |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 3     | 53                                  | \$ 1,009.21  | \$ 19.04                     | 26.500                 | \$ 336.40        | \$ 504.61            |
| @PHYSICIANS SERVICES       | 2     | 12                                  | \$ 335.30    | \$ 27.94                     | 6.000                  | \$ 167.65        | \$ 167.65            |
| OUTPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OFFICE VISITS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS           | 1     | 9                                   | 278.40       | 30.93                        | 4.500                  | 278.40           | 139.20               |
| HOSPITAL VISITS            | 1     | 9                                   | 278.40       | 30.93                        | 4.500                  | 278.40           | 139.20               |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                            |   |    |    |        |    |       |        |          |           |
|----------------------------|---|----|----|--------|----|-------|--------|----------|-----------|
| OUTPATIENT SURGERY         | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| PRINCIPAL SURGEON          | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| ASSISTANT SURGEON          | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| ANESTHESIOLOGIST           | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| DIALYSIS                   | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| PATHOLOGY                  | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| RADIOLOGY                  | 1   | 1  |    | 8.48   |    | 8.48  | .500   | 8.48     | 4.24      |
| PSYCHIATRY                 | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| IMMUNIZATION AND INJECTION | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| OTHER SERVICES/ALL X-OVERS | 2   | 2  |    | 48.42  |    | 24.21 | 1.000  | 24.21    | 24.21     |
| @PHARMACY                  | 3   | 23 | \$ | 287.08 | \$ | 12.48 | 11.500 | \$ 95.69 | \$ 143.54 |
| PRESCRIPTION DRUGS         | 2   | 3  |    | 86.68  |    | 28.89 | 1.500  | 43.34    | 43.34     |
| SNF/ICF                    | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| OUTPATIENTS                | 2   | 3  |    | 86.68  |    | 28.89 | 1.500  | 43.34    | 43.34     |
| MEDICAL SUPPLIES           | 2   | 20 |    | 200.40 |    | 10.02 | 10.000 | 100.20   | 100.20    |
| @DENTIST                   | 0   | 0  | \$ | .00    | \$ | .00   | .000   | \$ .00   | \$ .00    |
| VISITS - DIAGNOSTIC        | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| ORAL SURGERY               | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| DRUGS                      | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| ANESTHESIA                 | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| PERIODONTICS               | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| ENDODONTICS                | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| RESTORATIVE DENTISTRY      | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| PROSTHETICS                | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| DENTURES, STAYPLATES       | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| SPACE MAINTAINERS          | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| MAXILLOFACIAL SERVICES     | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| FRACTURES, DISLOCATIONS    | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| ORTHODONTIC SERVICES       | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| ALL OTHER SERVICES         | 0   | 0  |    | .00    |    | .00   | .000   | .00      | .00       |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |    |    |        |    |       |        | PAGE     | 726       |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |    |    |        |    |       |        | 01/17/03 |           |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND   |    |    |        |    |       |        | AID CODE |           |

| 02 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |  |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|--|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| @TOTAL HOSPITAL              | 2     | 18                                  | \$ 386.83    | \$ 21.49                     | 9.000                  | \$ 193.42        | \$ 193.42            |  |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |

|                             |   |    |        |        |       |        |        |
|-----------------------------|---|----|--------|--------|-------|--------|--------|
| NON-HSC HOSPITAL TOTAL      | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ACCOMMODATIONS              | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ADMINISTRATIVE DAYS         | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| TRANSITIONAL IP CARE        | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ALL OTHER ACCOM             | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ANCILLARIES                 | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| INPATIENT CROSSOVERS        | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ALL OTHER INPATIENT         | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| HOSP OUTPATIENT TOTAL       | 2 | 18 | 386.83 | 21.49  | 9.000 | 193.42 | 193.42 |
| MEDICAL                     | 1 | 2  | 159.37 | 79.69  | 1.000 | 159.37 | 79.69  |
| SURGERY                     | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| PATHOLOGY                   | 2 | 13 | 141.00 | 10.85  | 6.500 | 70.50  | 70.50  |
| RADIOLOGY                   | 1 | 1  | 21.91  | 21.91  | .500  | 21.91  | 10.96  |
| ROOM USE                    | 1 | 1  | 48.15  | 48.15  | .500  | 48.15  | 24.08  |
| CROSSOVERS/ALL OTH OUTPTNT  | 1 | 1  | 16.40  | 16.40  | .500  | 16.40  | 8.20   |
| @COUNTY HOSPITAL TOTAL      | 0 | 0  | \$ .00 | \$ .00 | .000  | \$ .00 | \$ .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| HSC HOSPITALS               | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| NON-HSC HOSPITALS TOTAL     | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ACCOMMODATIONS              | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ADMINISTRATIVE DAYS         | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| TRANSITIONAL IP CARE        | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ALL OTHER ACCOM             | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ANCILLARIES                 | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| INPATIENT CROSSOVERS        | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ALL OTHER INPATIENT         | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| CO HOSP OUTPATIENT TOTAL    | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| MEDICAL                     | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| SURGERY                     | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| PATHOLOGY                   | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| RADIOLOGY                   | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ROOM USE                    | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0 | 0  | .00    | .00    | .000  | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 727  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND      AID CODE

| 02 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL  | 2     | 18                                  | \$ 386.83    | \$ 21.49                     | 9.000                  | \$ 193.42        | \$ 193.42            |
| COMM HOSP INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL | 2     | 18                                  | 386.83       | 21.49                        | 9.000                  | 193.42           | 193.42               |
| MEDICAL                    | 1     | 2                                   | 159.37       | 79.69                        | 1.000                  | 159.37           | 79.69                |
| SURGERY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 2     | 13                                  | 141.00       | 10.85                        | 6.500                  | 70.50            | 70.50                |
| RADIOLOGY                  | 1     | 1                                   | 21.91        | 21.91                        | .500                   | 21.91            | 10.96                |
| ROOM USE                   | 1     | 1                                   | 48.15        | 48.15                        | .500                   | 48.15            | 24.08                |

|                              |   |   |    |       |    |       |      |       |     |        |
|------------------------------|---|---|----|-------|----|-------|------|-------|-----|--------|
| CROSSTOVERS/ALL OTH OUTPTNT  | 1 | 1 |    | 16.40 |    | 16.40 | .500 | 16.40 |     | 8.20   |
| @STATE HOSPITAL              | 0 | 0 | \$ | .00   | \$ | .00   | .000 | \$    | .00 | \$ .00 |
| MENTALLY ILL                 | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| DEVELOP. DISABLED            | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| @NURSING FACILITY            | 0 | 0 | \$ | .00   | \$ | .00   | .000 | \$    | .00 | \$ .00 |
| LEV A-INTERMEDIATE           | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| LEV B-REHAB MD               | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| LEV B-SUBACUTE FREESTANDING  | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| LEV B-SUBACUTE HSPTL BASED   | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| LEV B-TRANSITIONAL IP CARE   | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| LEV B-REGULAR                | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00   | \$ | .00   | .000 | \$    | .00 | \$ .00 |
| ICF DDH                      | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| ICF DD                       | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| ICF DDN/DDCN                 | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| @HEMODIALYSIS TOTAL          | 0 | 0 | \$ | .00   | \$ | .00   | .000 | \$    | .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| HEMODIALYSIS CENTER          | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| @REHABILITATION FACILITY     | 0 | 0 | \$ | .00   | \$ | .00   | .000 | \$    | .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| INDEPENDENT FACILITY         | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| @LABORATORY FACILITY         | 0 | 0 | \$ | .00   | \$ | .00   | .000 | \$    | .00 | \$ .00 |
| PATHOLOGY                    | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| XO AND OTHERS                | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00   | \$ | .00   | .000 | \$    | .00 | \$ .00 |
| CLINIC                       | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| SURGICENTER                  | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| HEROIN DETOX CLINIC          | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| RURAL HEALTH CLINIC          | 0 | 0 |    | .00   |    | .00   | .000 |       | .00 | .00    |
| #CALIF DEPT OF HEALTH SERV   |   |   |    |       |    |       |      |       |     |        |
| MOP024                       |   |   |    |       |    |       |      |       |     |        |
| AMADOR COUNTY                |   |   |    |       |    |       |      |       |     |        |

  

|   |  |          |
|---|--|----------|
| MEDI-CAL SERVICES AND EXPENDITURES          | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 728 |
| FEE-FOR-SERVICE/DENTAL                      |  | 01/17/03 |
| SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND | AID CODE   |          |



| 02 ELIGIBLES                  | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                               |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| AMBULANCES/AIR TRANS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER TRANS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACUPUNCTURE                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PHYSICAL THERAPIST            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETICS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ORTHOTICS                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHOLOGIST                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPICE SERVICES              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NONINST BIRTHING CENTERS      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER PROVIDERS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CALIF. CHILDREN SERVICES*    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @XOVER EXCLUDING STATE HOSP** | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      729  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR      31 MN - SOC - DISABLED      AID CODES 65 67 6W

| 70 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                           |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS     | 89    | 1,302                               | \$ 61,064.03 | \$ 46.90                     | 18.600                 | \$ 686.11        | \$ 872.34            |
| @PHYSICIANS SERVICES      | 29    | 214                                 | \$ 4,567.94  | \$ 21.35                     | 3.057                  | \$ 157.52        | \$ 65.26             |
| OUTPATIENT VISITS         | 15    | 22                                  | 723.32       | 32.88                        | .314                   | 48.22            | 10.33                |
| OFFICE VISITS             | 12    | 12                                  | 408.61       | 34.05                        | .171                   | 34.05            | 5.84                 |
| HOME VISITS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM            | 2     | 2                                   | 112.95       | 56.48                        | .029                   | 56.48            | 1.61                 |
| PREVENTIVE CARE           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT          | 5     | 8                                   | 201.76       | 25.22                        | .114                   | 40.35            | 2.88                 |
| INPATIENT VISITS          | 5     | 19                                  | 918.02       | 48.32                        | .271                   | 183.60           | 13.11                |
| HOSPITAL VISITS           | 5     | 19                                  | 918.02       | 48.32                        | .271                   | 183.60           | 13.11                |
| CRITICAL CARE             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                            |    |     |              |           |       |           |           |
|----------------------------|----|-----|--------------|-----------|-------|-----------|-----------|
| EXAMINATIONS               | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| SERVICES AND MATERIALS     | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| INPATIENT HOSPITAL SURGERY | 4  | 38  | 1,215.52     | 31.99     | .543  | 303.88    | 17.36     |
| PRINCIPAL SURGEON          | 1  | 1   | 608.04       | 608.04    | .014  | 608.04    | 8.69      |
| ASSISTANT SURGEON          | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| ANESTHESIOLOGIST           | 3  | 37  | 607.48       | 16.42     | .529  | 202.49    | 8.68      |
| OUTPATIENT SURGERY         | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| PRINCIPAL SURGEON          | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| ASSISTANT SURGEON          | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| ANESTHESIOLOGIST           | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| DIALYSIS                   | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| PATHOLOGY                  | 1  | 1   | 2.99         | 2.99      | .014  | 2.99      | .04       |
| RADIOLOGY                  | 6  | 9   | 482.31       | 53.59     | .129  | 80.39     | 6.89      |
| PSYCHIATRY                 | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| IMMUNIZATION AND INJECTION | 1  | 80  | 606.70       | 7.58      | 1.143 | 606.70    | 8.67      |
| OTHER SERVICES/ALL X-OVERS | 13 | 45  | 619.08       | 13.76     | .643  | 47.62     | 8.84      |
| @PHARMACY                  | 50 | 229 | \$ 29,702.71 | \$ 129.71 | 3.271 | \$ 594.05 | \$ 424.32 |
| PRESCRIPTION DRUGS         | 49 | 214 | 29,581.20    | 138.23    | 3.057 | 603.70    | 422.59    |
| SNF/ICF                    | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| OUTPATIENTS                | 49 | 214 | 29,581.20    | 138.23    | 3.057 | 603.70    | 422.59    |
| MEDICAL SUPPLIES           | 2  | 15  | 121.51       | 8.10      | .214  | 60.76     | 1.74      |
| @DENTIST                   | 3  | 14  | \$ 379.00    | \$ 27.07  | .200  | \$ 126.33 | \$ 5.41   |
| VISITS - DIAGNOSTIC        | 2  | 4   | 55.00        | 13.75     | .057  | 27.50     | .79       |
| ORAL SURGERY               | 1  | 4   | 159.00       | 39.75     | .057  | 159.00    | 2.27      |
| DRUGS                      | 1  | 1   | .00          | .00       | .014  | .00       | .00       |
| ANESTHESIA                 | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| PERIODONTICS               | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| ENDODONTICS                | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| RESTORATIVE DENTISTRY      | 1  | 5   | 165.00       | 33.00     | .071  | 165.00    | 2.36      |
| PROSTHETICS                | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| DENTURES, STAYPLATES       | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| SPACE MAINTAINERS          | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| MAXILLOFACIAL SERVICES     | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| FRACTURES, DISLOCATIONS    | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| ORTHODONTIC SERVICES       | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| ALL OTHER SERVICES         | 0  | 0   | .00          | .00       | .000  | .00       | .00       |

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

PAGE 730 01/17/03

| 70 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST               | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                | 1     | 1                                   | \$ 45.85     | \$ 45.85                     | .014                   | \$ 45.85         | \$ .66               |
| MEDICINE/INJECTIONS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                      | 1     | 1                                   | 45.85        | 45.85                        | .014                   | 45.85            | .66                  |
| @HOME HEALTH AGENCY        | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |    |     |    |           |    |         |       |    |         |    |        |
|------------------------------|----|-----|----|-----------|----|---------|-------|----|---------|----|--------|
| NURSE MIDWIFE                | 0  | 0   | \$ | .00       | \$ | .00     | .000  | \$ | .00     | \$ | .00    |
| PEDIATRIC NURSE PRACTITIONER | 0  | 0   | \$ | .00       | \$ | .00     | .000  | \$ | .00     | \$ | .00    |
| FAMILY NURSE PRACTITIONER    | 0  | 0   | \$ | .00       | \$ | .00     | .000  | \$ | .00     | \$ | .00    |
| @TOTAL HOSPITAL              | 26 | 324 | \$ | 25,399.40 | \$ | 78.39   | 4.629 | \$ | 976.90  | \$ | 362.85 |
| HOSP INPATIENT TOTAL         | 5  | 18  |    | 18,656.23 |    | 1036.46 | .257  |    | 3731.25 |    | 266.52 |
| HSC HOSPITALS                | 2  | 5   |    | 7,716.00  |    | 1543.20 | .071  |    | 3858.00 |    | 110.23 |
| NON-HSC HOSPITAL TOTAL       | 2  | 7   |    | 10,148.23 |    | 1449.75 | .100  |    | 5074.12 |    | 144.97 |
| ACCOMMODATIONS               | 2  | 7   |    | 3,098.43  |    | 442.63  | .100  |    | 1549.22 |    | 44.26  |
| ADMINISTRATIVE DAYS          | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| TRANSITIONAL IP CARE         | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| ALL OTHER ACCOM              | 2  | 7   |    | 3,098.43  |    | 442.63  | .100  |    | 1549.22 |    | 44.26  |
| ANCILLARIES                  | 2  | 0   |    | 7,049.80  |    | .00     | .000  |    | 3524.90 |    | 100.71 |
| INPATIENT CROSSOVERS         | 1  | 6   |    | 792.00    |    | 132.00  | .086  |    | 792.00  |    | 11.31  |
| ALL OTHER INPATIENT          | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| HOSP OUTPATIENT TOTAL        | 24 | 306 |    | 6,743.17  |    | 22.04   | 4.371 |    | 280.97  |    | 96.33  |
| MEDICAL                      | 9  | 19  |    | 661.72    |    | 34.83   | .271  |    | 73.52   |    | 9.45   |
| SURGERY                      | 1  | 0   |    | 26.18     |    | .00     | .000  |    | 26.18   |    | .37    |
| PATHOLOGY                    | 15 | 106 |    | 835.83    |    | 7.89    | 1.514 |    | 55.72   |    | 11.94  |
| RADIOLOGY                    | 9  | 15  |    | 1,360.54  |    | 90.70   | .214  |    | 151.17  |    | 19.44  |
| ROOM USE                     | 9  | 16  |    | 868.67    |    | 54.29   | .229  |    | 96.52   |    | 12.41  |
| CROSSOVERS/ALL OTH OUTPTNT   | 7  | 150 |    | 2,990.23  |    | 19.93   | 2.143 |    | 427.18  |    | 42.72  |
| @COUNTY HOSPITAL TOTAL       | 0  | 0   | \$ | 21.93     | \$ | .00     | .000  | \$ | .00     | \$ | .31    |
| CO HOSPITAL INPATIENT TOTAL  | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| HSC HOSPITALS                | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| NON-HSC HOSPITALS TOTAL      | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| ACCOMMODATIONS               | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| ADMINISTRATIVE DAYS          | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| TRANSITIONAL IP CARE         | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| ALL OTHER ACCOM              | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| ANCILLARIES                  | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| INPATIENT CROSSOVERS         | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| ALL OTHER INPATIENT          | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| CO HOSP OUTPATIENT TOTAL     | 0  | 0   |    | 21.93     |    | .00     | .000  |    | .00     |    | .31    |
| MEDICAL                      | 0  | 0   |    | 18.48     |    | .00     | .000  |    | .00     |    | .26    |
| SURGERY                      | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| PATHOLOGY                    | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| RADIOLOGY                    | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |
| ROOM USE                     | 0  | 0   |    | 3.45      |    | .00     | .000  |    | .00     |    | .05    |
| CROSSOVERS/ALL OTH OUTPTNT   | 0  | 0   |    | .00       |    | .00     | .000  |    | .00     |    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      731  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR      31 MN - SOC - DISABLED      AID CODES 65 67 6W

| 70 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 26    | 324                                 | \$ 25,377.47 | \$ 78.33                     | 4.629                  | \$ 976.06        | \$ 362.54            |
| COMM HOSP INPATIENT TOTAL | 5     | 18                                  | 18,656.23    | 1036.46                      | .257                   | 3731.25          | 266.52               |
| HSC HOSPITALS             | 2     | 5                                   | 7,716.00     | 1543.20                      | .071                   | 3858.00          | 110.23               |
| NON-HSC HOSPITALS TOTAL   | 2     | 7                                   | 10,148.23    | 1449.75                      | .100                   | 5074.12          | 144.97               |
| ACCOMMODATIONS            | 2     | 7                                   | 3,098.43     | 442.63                       | .100                   | 1549.22          | 44.26                |
| ADMINISTRATIVE DAYS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM           | 2     | 7                                   | 3,098.43     | 442.63                       | .100                   | 1549.22          | 44.26                |
| ANCILLARIES               | 2     | 0                                   | 7,049.80     | .00                          | .000                   | 3524.90          | 100.71               |
| INPATIENT CROSSOVERS      | 1     | 6                                   | 792.00       | 132.00                       | .086                   | 792.00           | 11.31                |
| ALL OTHER INPATIENT       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |    |     |    |          |    |       |       |          |         |
|------------------------------|----|-----|----|----------|----|-------|-------|----------|---------|
| COMM HOSP OUTPATIENT TOTAL   | 24 | 306 |    | 6,721.24 |    | 21.96 | 4.371 | 280.05   | 96.02   |
| MEDICAL                      | 9  | 19  |    | 643.24   |    | 33.85 | .271  | 71.47    | 9.19    |
| SURGERY                      | 1  | 0   |    | 26.18    |    | .00   | .000  | 26.18    | .37     |
| PATHOLOGY                    | 15 | 106 |    | 835.83   |    | 7.89  | 1.514 | 55.72    | 11.94   |
| RADIOLOGY                    | 9  | 15  |    | 1,360.54 |    | 90.70 | .214  | 151.17   | 19.44   |
| ROOM USE                     | 9  | 16  |    | 865.22   |    | 54.08 | .229  | 96.14    | 12.36   |
| CROSSOVERS/ALL OTH OUTPTNT   | 7  | 150 |    | 2,990.23 |    | 19.93 | 2.143 | 427.18   | 42.72   |
| @STATE HOSPITAL              | 0  | 0   | \$ | .00      | \$ | .00   | .000  | \$ .00   | \$ .00  |
| MENTALLY ILL                 | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| DEVELOP. DISABLED            | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| @NURSING FACILITY            | 0  | 0   | \$ | .00      | \$ | .00   | .000  | \$ .00   | \$ .00  |
| LEV A-INTERMEDIATE           | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| LEV B-REHAB MD               | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| LEV B-SUBACUTE FREESTANDING  | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| LEV B-SUBACUTE HSPTL BASED   | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| LEV B-TRANSITIONAL IP CARE   | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| LEV B-REGULAR                | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| @INTERMEDIATE CARE FACIL.-DD | 0  | 0   | \$ | .00      | \$ | .00   | .000  | \$ .00   | \$ .00  |
| ICF DDH                      | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| ICF DD                       | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| ICF DDN/DDCN                 | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| @HEMODIALYSIS TOTAL          | 0  | 0   | \$ | .00      | \$ | .00   | .000  | \$ .00   | \$ .00  |
| HOSPITAL BASED               | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| HEMODIALYSIS CENTER          | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| @REHABILITATION FACILITY     | 0  | 0   | \$ | .00      | \$ | .00   | .000  | \$ .00   | \$ .00  |
| HOSPITAL BASED               | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| INDEPENDENT FACILITY         | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| @LABORATORY FACILITY         | 1  | 5   | \$ | 86.56    | \$ | 17.31 | .071  | \$ 86.56 | \$ 1.24 |
| PATHOLOGY                    | 1  | 5   |    | 86.56    |    | 17.31 | .071  | 86.56    | 1.24    |
| XO AND OTHERS                | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| @ORGANIZED OUTPATIENT CLINIC | 8  | 8   | \$ | 338.99   | \$ | 42.37 | .114  | \$ 42.37 | \$ 4.84 |
| CLINIC                       | 1  | 1   |    | 28.01    |    | 28.01 | .014  | 28.01    | .40     |
| SURGICENTER                  | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| HEROIN DETOX CLINIC          | 0  | 0   |    | .00      |    | .00   | .000  | .00      | .00     |
| RURAL HEALTH CLINIC          | 7  | 7   |    | 310.98   |    | 44.43 | .100  | 44.43    | 4.44    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 732  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED      AID CODES 65 67 6W

| 70 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS       | 4     | 507                                 | \$ 543.58    | \$ 1.07                      | 7.243                  | \$ 135.90        | \$ 7.77              |
| DURABLE MED. EQUIP.        | 1     | 1                                   | 191.96       | 191.96                       | .014                   | 191.96           | 2.74                 |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 1     | 54                                  | 79.70        | 1.48                         | .771                   | 79.70            | 1.14                 |
| AMBULANCES/AIR TRANS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES             | 1     | 54                                  | 79.70        | 1.48                         | .771                   | 79.70            | 1.14                 |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                               |    |     |          |       |       |        |       |
|-------------------------------|----|-----|----------|-------|-------|--------|-------|
| PORTABLE X-RAY                | 0  | 0   | .00      | .00   | .000  | .00    | .00   |
| PROSTHETIST/ORTHOTISTS        | 0  | 0   | .00      | .00   | .000  | .00    | .00   |
| PROSTHETICS                   | 0  | 0   | .00      | .00   | .000  | .00    | .00   |
| ORTHOTICS                     | 0  | 0   | .00      | .00   | .000  | .00    | .00   |
| PSYCHOLOGIST                  | 0  | 0   | .00      | .00   | .000  | .00    | .00   |
| SPEECH AND AUDIOLOGY          | 0  | 0   | .00      | .00   | .000  | .00    | .00   |
| HOSPICE SERVICES              | 0  | 0   | .00      | .00   | .000  | .00    | .00   |
| NONINST BIRTHING CENTERS      | 0  | 0   | .00      | .00   | .000  | .00    | .00   |
| LOCAL EDUCATION AGENCIES      | 1  | 2   | 24.42    | 12.21 | .029  | 24.42  | .35   |
| EPSDT SUPPLEMENTAL SERVICE    | 0  | 0   | .00      | .00   | .000  | .00    | .00   |
| RESPIRATORY CARE PRACT.       | 0  | 0   | .00      | .00   | .000  | .00    | .00   |
| PED SUBACUTE REHAB/WEANING    | 0  | 0   | .00      | .00   | .000  | .00    | .00   |
| ALL OTHER PROVIDERS           | 1  | 450 | 247.50   | .55   | 6.429 | 247.50 | 3.54  |
| @CALIF. CHILDREN SERVICES*    | 0  | 0   | .00      | .00   | .000  | .00    | .00   |
| @XOVER EXCLUDING STATE HOSP** | 12 | 87  | 1,250.42 | 14.37 | 1.243 | 104.20 | 17.86 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |  |  |          |
|----------------------------|--|--|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES                               | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 733 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL   |  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37 |  |          |

| 133 ELIGIBLES         | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 158   | 2,354                               | \$ 85,307.96 | \$ 36.24                     | 17.699                                 | \$ 539.92        | \$ 641.41            |
| @PHYSICIANS SERVICES  | 58    | 279                                 | \$ 10,801.80 | \$ 38.72                     | 2.098                                  | \$ 186.24        | \$ 81.22             |
| OUTPATIENT VISITS     | 22    | 31                                  | 1,422.60     | 45.89                        | .233                                   | 64.66            | 10.70                |
| OFFICE VISITS         | 21    | 27                                  | 1,216.92     | 45.07                        | .203                                   | 57.95            | 9.15                 |
| HOME VISITS           | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| EMERGENCY ROOM        | 3     | 4                                   | 205.68       | 51.42                        | .030                                   | 68.56            | 1.55                 |
| PREVENTIVE CARE       | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OB VISITS/COMPRE PERI | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |

|                            |   |     |    |          |          |      |           |          |
|----------------------------|---|-----|----|----------|----------|------|-----------|----------|
| OTHER OUTPATIENT           | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| INPATIENT VISITS           | 4   | 18  |    | 912.16   | 50.68    | .135 | 228.04    | 6.86     |
| HOSPITAL VISITS            | 4   | 17  |    | 613.16   | 36.07    | .128 | 153.29    | 4.61     |
| CRITICAL CARE              | 1   | 1   |    | 299.00   | 299.00   | .008 | 299.00    | 2.25     |
| SNF/ICF/TRANS IP CARE      | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| OPHTHALMOLOGICAL SERVICES  | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| EXAMINATIONS               | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| SERVICES AND MATERIALS     | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| INPATIENT HOSPITAL SURGERY | 13  | 64  |    | 4,078.85 | 63.73    | .481 | 313.76    | 30.67    |
| PRINCIPAL SURGEON          | 6   | 6   |    | 2,901.41 | 483.57   | .045 | 483.57    | 21.82    |
| ASSISTANT SURGEON          | 2   | 2   |    | 201.65   | 100.83   | .015 | 100.83    | 1.52     |
| ANESTHESIOLOGIST           | 5   | 56  |    | 975.79   | 17.42    | .421 | 195.16    | 7.34     |
| OUTPATIENT SURGERY         | 6   | 30  |    | 1,244.08 | 41.47    | .226 | 207.35    | 9.35     |
| PRINCIPAL SURGEON          | 4   | 4   |    | 854.05   | 213.51   | .030 | 213.51    | 6.42     |
| ASSISTANT SURGEON          | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| ANESTHESIOLOGIST           | 2   | 26  |    | 390.03   | 15.00    | .195 | 195.02    | 2.93     |
| DIALYSIS                   | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| PATHOLOGY                  | 4   | 4   |    | 283.71   | 70.93    | .030 | 70.93     | 2.13     |
| RADIOLOGY                  | 26  | 55  |    | 2,534.57 | 46.08    | .414 | 97.48     | 19.06    |
| PSYCHIATRY                 | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| IMMUNIZATION AND INJECTION | 2   | 2   |    | 28.39    | 14.20    | .015 | 14.20     | .21      |
| OTHER SERVICES/ALL X-OVERS | 5   | 75  |    | 297.44   | 3.97     | .564 | 59.49     | 2.24     |
| @PHARMACY                  | 56  | 132 | \$ | 6,215.30 | \$ 47.09 | .992 | \$ 110.99 | \$ 46.73 |
| PRESCRIPTION DRUGS         | 56  | 132 |    | 6,215.30 | 47.09    | .992 | 110.99    | 46.73    |
| SNF/ICF                    | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| OUTPATIENTS                | 56  | 132 |    | 6,215.30 | 47.09    | .992 | 110.99    | 46.73    |
| MEDICAL SUPPLIES           | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| @DENTIST                   | 10  | 53  | \$ | 3,541.00 | \$ 66.81 | .398 | \$ 354.10 | \$ 26.62 |
| VISITS - DIAGNOSTIC        | 5   | 27  |    | 331.00   | 12.26    | .203 | 66.20     | 2.49     |
| ORAL SURGERY               | 1   | 6   |    | 397.00   | 66.17    | .045 | 397.00    | 2.98     |
| DRUGS                      | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| ANESTHESIA                 | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| PERIODONTICS               | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| ENDODONTICS                | 2   | 2   |    | 475.00   | 237.50   | .015 | 237.50    | 3.57     |
| RESTORATIVE DENTISTRY      | 5   | 11  |    | 1,246.00 | 113.27   | .083 | 249.20    | 9.37     |
| PROSTHETICS                | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| DENTURES, STAYPLATES       | 2   | 7   |    | 1,092.00 | 156.00   | .053 | 546.00    | 8.21     |
| SPACE MAINTAINERS          | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| MAXILLOFACIAL SERVICES     | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| FRACTURES, DISLOCATIONS    | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| ORTHODONTIC SERVICES       | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| ALL OTHER SERVICES         | 0   | 0   |    | .00      | .00      | .000 | .00       | .00      |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |     |    |          |          |      |           | PAGE 734 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |     |    |          |          |      |           | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37                      |     |    |          |          |      |           |          |

|                            | 133 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|---------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST               | 3             |       | 10 \$                               | 249.36       | \$ 24.94                     | .075                                      | \$ 83.12         | \$ 1.87              |
| DIAGNOSTIC AND ANC. PROCED | 3             |       | 3                                   | 142.35       | 47.45                        | .023                                      | 47.45            | 1.07                 |
| EYE APPLIANCES             | 3             |       | 7                                   | 107.01       | 15.29                        | .053                                      | 35.67            | .80                  |
| OTHER OPTOMETRIC SERVICES  | 0             |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @CHIROPRACTOR              | 0             |       | 0 \$                                | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| VISITS                     | 0             |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES             | 0             |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @PODIATRIST                | 0             |       | 0 \$                                | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |

|                              |    |     |              |           |       |           |           |
|------------------------------|----|-----|--------------|-----------|-------|-----------|-----------|
| MEDICINE/INJECTIONS          | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| SURGERY/ANES.                | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| RADIO./PATHOLOGY             | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| OTHER                        | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| @HOME HEALTH AGENCY          | 0  | 0   | \$ .00       | \$ .00    | .000  | \$ .00    | \$ .00    |
| NURSE ANESTHESIST            | 0  | 0   | \$ .00       | \$ .00    | .000  | \$ .00    | \$ .00    |
| NURSE MIDWIFE                | 0  | 0   | \$ .00       | \$ .00    | .000  | \$ .00    | \$ .00    |
| PEDIATRIC NURSE PRACTITIONER | 0  | 0   | \$ .00       | \$ .00    | .000  | \$ .00    | \$ .00    |
| FAMILY NURSE PRACTITIONER    | 0  | 0   | \$ .00       | \$ .00    | .000  | \$ .00    | \$ .00    |
| @TOTAL HOSPITAL              | 76 | 437 | \$ 57,943.78 | \$ 132.59 | 3.286 | \$ 762.42 | \$ 435.67 |
| HOSP INPATIENT TOTAL         | 7  | 25  | 45,511.74    | 1820.47   | .188  | 6501.68   | 342.19    |
| HSC HOSPITALS                | 2  | 6   | 7,150.00     | 1191.67   | .045  | 3575.00   | 53.76     |
| NON-HSC HOSPITAL TOTAL       | 5  | 19  | 38,361.74    | 2019.04   | .143  | 7672.35   | 288.43    |
| ACCOMMODATIONS               | 5  | 19  | 9,610.70     | 505.83    | .143  | 1922.14   | 72.26     |
| ADMINISTRATIVE DAYS          | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| TRANSITIONAL IP CARE         | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| ALL OTHER ACCOM              | 5  | 19  | 9,610.70     | 505.83    | .143  | 1922.14   | 72.26     |
| ANCILLARIES                  | 5  | 0   | 28,751.04    | .00       | .000  | 5750.21   | 216.17    |
| INPATIENT CROSSOVERS         | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| ALL OTHER INPATIENT          | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| HOSP OUTPATIENT TOTAL        | 71 | 412 | 12,432.04    | 30.17     | 3.098 | 175.10    | 93.47     |
| MEDICAL                      | 37 | 58  | 3,278.98     | 56.53     | .436  | 88.62     | 24.65     |
| SURGERY                      | 4  | 4   | 149.07       | 37.27     | .030  | 37.27     | 1.12      |
| PATHOLOGY                    | 35 | 174 | 2,090.48     | 12.01     | 1.308 | 59.73     | 15.72     |
| RADIOLOGY                    | 31 | 43  | 3,632.14     | 84.47     | .323  | 117.17    | 27.31     |
| ROOM USE                     | 39 | 55  | 2,439.75     | 44.36     | .414  | 62.56     | 18.34     |
| CROSSOVERS/ALL OTH OUTPTNT   | 28 | 78  | 841.62       | 10.79     | .586  | 30.06     | 6.33      |
| @COUNTY HOSPITAL TOTAL       | 0  | 0   | \$ .00       | \$ .00    | .000  | \$ .00    | \$ .00    |
| CO HOSPITAL INPATIENT TOTAL  | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| HSC HOSPITALS                | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| NON-HSC HOSPITALS TOTAL      | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| ACCOMMODATIONS               | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| ADMINISTRATIVE DAYS          | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| TRANSITIONAL IP CARE         | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| ALL OTHER ACCOM              | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| ANCILLARIES                  | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| INPATIENT CROSSOVERS         | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| ALL OTHER INPATIENT          | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| CO HOSP OUTPATIENT TOTAL     | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| MEDICAL                      | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| SURGERY                      | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| PATHOLOGY                    | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| RADIOLOGY                    | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| ROOM USE                     | 0  | 0   | .00          | .00       | .000  | .00       | .00       |
| CROSSOVERS/ALL OTH OUTPTNT   | 0  | 0   | .00          | .00       | .000  | .00       | .00       |

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 735

01/17/03

| 133 ELIGIBLES             | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 76    | 437                                 | \$ 57,943.78 | \$ 132.59                    | 3.286                  | \$ 762.42        | \$ 435.67            |
| COMM HOSP INPATIENT TOTAL | 7     | 25                                  | 45,511.74    | 1820.47                      | .188                   | 6501.68          | 342.19               |
| HSC HOSPITALS             | 2     | 6                                   | 7,150.00     | 1191.67                      | .045                   | 3575.00          | 53.76                |
| NON-HSC HOSPITALS TOTAL   | 5     | 19                                  | 38,361.74    | 2019.04                      | .143                   | 7672.35          | 288.43               |
| ACCOMMODATIONS            | 5     | 19                                  | 9,610.70     | 505.83                       | .143                   | 1922.14          | 72.26                |

|                               |    |     |           |        |       |         |        |
|-------------------------------|----|-----|-----------|--------|-------|---------|--------|
| ADMINISTRATIVE DAYS           | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| TRANSITIONAL IP CARE          | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| ALL OTHER ACCOM               | 5  | 19  | 9,610.70  | 505.83 | .143  | 1922.14 | 72.26  |
| ANCILLARIES                   | 5  | 0   | 28,751.04 | .00    | .000  | 5750.21 | 216.17 |
| INPATIENT CROSSOVERS          | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| ALL OTHER INPATIENT           | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| COMM HOSP OUTPATIENT TOTAL    | 71 | 412 | 12,432.04 | 30.17  | 3.098 | 175.10  | 93.47  |
| MEDICAL                       | 37 | 58  | 3,278.98  | 56.53  | .436  | 88.62   | 24.65  |
| SURGERY                       | 4  | 4   | 149.07    | 37.27  | .030  | 37.27   | 1.12   |
| PATHOLOGY                     | 35 | 174 | 2,090.48  | 12.01  | 1.308 | 59.73   | 15.72  |
| RADIOLOGY                     | 31 | 43  | 3,632.14  | 84.47  | .323  | 117.17  | 27.31  |
| ROOM USE                      | 39 | 55  | 2,439.75  | 44.36  | .414  | 62.56   | 18.34  |
| CROSSOVERS/ALL OTH OUTPTNT    | 28 | 78  | 841.62    | 10.79  | .586  | 30.06   | 6.33   |
| @STATE HOSPITAL               | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| MENTALLY ILL                  | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| DEVELOP. DISABLED             | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| @NURSING FACILITY             | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| LEV A-INTERMEDIATE            | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| LEV B-REHAB MD                | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| LEV B-SUBACUTE FREESTANDING   | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| LEV B-SUBACUTE HSPTL BASED    | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| LEV B-TRANSITIONAL IP CARE    | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| LEV B-REGULAR                 | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| @INTERMEDIATE CARE FACIL.--DD | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| ICF DDH                       | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| ICF DD                        | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| ICF DDN/DDCN                  | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| @HEMODIALYSIS TOTAL           | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| HOSPITAL BASED                | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| HEMODIALYSIS CENTER           | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| @REHABILITATION FACILITY      | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| HOSPITAL BASED                | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| INDEPENDENT FACILITY          | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| @LABORATORY FACILITY          | 3  | 6   | 67.78     | 11.30  | .045  | 22.59   | .51    |
| PATHOLOGY                     | 3  | 6   | 67.78     | 11.30  | .045  | 22.59   | .51    |
| XO AND OTHERS                 | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| @ORGANIZED OUTPATIENT CLINIC  | 29 | 39  | 4,753.14  | 121.88 | .293  | 163.90  | 35.74  |
| CLINIC                        | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| SURGICENTER                   | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| HEROIN DETOX CLINIC           | 0  | 0   | .00       | .00    | .000  | .00     | .00    |
| RURAL HEALTH CLINIC           | 29 | 39  | 4,753.14  | 121.88 | .293  | 163.90  | 35.74  |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 736  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

| 133 ELIGIBLES          | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                        |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS   | 12    | 1,398                               | \$ 1,735.80  | \$ 1.24                      | 10.511                 | \$ 144.65        | \$ 13.05             |
| DURABLE MED. EQUIP.    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION | 2     | 128                                 | 848.71       | 6.63                         | .962                   | 424.36           | 6.38                 |
| AMBULANCES/AIR TRANS   | 2     | 128                                 | 848.71       | 6.63                         | .962                   | 424.36           | 6.38                 |
| OTHER TRANS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACUPUNCTURE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |



|                                |   |       |        |        |       |        |        |
|--------------------------------|---|-------|--------|--------|-------|--------|--------|
| ADULT DAY HEALTH CARE CTR      | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| GENETIC DISEASE TESTING        | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| OCCUPATIONAL THERAPIST         | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| OPTICIAN                       | 2 | 4     | 33.28  | 8.32   | .030  | 16.64  | .25    |
| PHYSICAL THERAPIST             | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| PORTABLE X-RAY                 | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| PROSTHETIST/ORTHOTISTS         | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| PROSTHETICS                    | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| ORTHOTICS                      | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| PSYCHOLOGIST                   | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| SPEECH AND AUDIOLOGY           | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| HOSPICE SERVICES               | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| NONINST BIRTHING CENTERS       | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| LOCAL EDUCATION AGENCIES       | 4 | 16    | 178.46 | 11.15  | .120  | 44.62  | 1.34   |
| EPSDT SUPPLEMENTAL SERVICE     | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| RESPIRATORY CARE PRACT.        | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| PED SUBACUTE REHAB/WEANING     | 0 | 0     | .00    | .00    | .000  | .00    | .00    |
| ALL OTHER PROVIDERS            | 4 | 1,250 | 675.35 | .54    | 9.398 | 168.84 | 5.08   |
| @CALIF. CHILDREN SERVICES*     | 0 | 0     | \$ .00 | \$ .00 | .000  | \$ .00 | \$ .00 |
| @XOVER EXCLUDING STATE HOSP**  | 0 | 0     | \$ .00 | \$ .00 | .000  | \$ .00 | \$ .00 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |          |
|----------------------------|---|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 737 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC                                      |          |

| 263 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 321   | 4,354                               | \$ 199,454.56 | \$ 45.81                     | 16.555                 | \$ 621.35        | \$ 758.38            |
| @PHYSICIANS SERVICES       | 98    | 550                                 | \$ 16,188.57  | \$ 29.43                     | 2.091                  | \$ 165.19        | \$ 61.55             |
| OUTPATIENT VISITS          | 37    | 53                                  | 2,145.92      | 40.49                        | .202                   | 58.00            | 8.16                 |
| OFFICE VISITS              | 33    | 39                                  | 1,625.53      | 41.68                        | .148                   | 49.26            | 6.18                 |
| HOME VISITS                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 5     | 6                                   | 318.63        | 53.11                        | .023                   | 63.73            | 1.21                 |
| PREVENTIVE CARE            | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT           | 5     | 8                                   | 201.76        | 25.22                        | .030                   | 40.35            | .77                  |
| INPATIENT VISITS           | 10    | 46                                  | 2,108.58      | 45.84                        | .175                   | 210.86           | 8.02                 |
| HOSPITAL VISITS            | 10    | 45                                  | 1,809.58      | 40.21                        | .171                   | 180.96           | 6.88                 |
| CRITICAL CARE              | 1     | 1                                   | 299.00        | 299.00                       | .004                   | 299.00           | 1.14                 |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 17    | 102                                 | 5,294.37      | 51.91                        | .388                   | 311.43           | 20.13                |
| PRINCIPAL SURGEON          | 7     | 7                                   | 3,509.45      | 501.35                       | .027                   | 501.35           | 13.34                |
| ASSISTANT SURGEON          | 2     | 2                                   | 201.65        | 100.83                       | .008                   | 100.83           | .77                  |
| ANESTHESIOLOGIST           | 8     | 93                                  | 1,583.27      | 17.02                        | .354                   | 197.91           | 6.02                 |
| OUTPATIENT SURGERY         | 6     | 30                                  | 1,244.08      | 41.47                        | .114                   | 207.35           | 4.73                 |
| PRINCIPAL SURGEON          | 4     | 4                                   | 854.05        | 213.51                       | .015                   | 213.51           | 3.25                 |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 2     | 26                                  | 390.03        | 15.00                        | .099                   | 195.02           | 1.48                 |
| DIALYSIS                   | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 5     | 5                                   | 286.70        | 57.34                        | .019                   | 57.34            | 1.09                 |

|                            |   |     |    |           |          |       |           |           |
|----------------------------|---|-----|----|-----------|----------|-------|-----------|-----------|
| RADIOLOGY                  | 33  | 65  |    | 3,025.36  | 46.54    | .247  | 91.68     | 11.50     |
| PSYCHIATRY                 | 0   | 0   |    | .00       | .00      | .000  | .00       | .00       |
| IMMUNIZATION AND INJECTION | 3   | 82  |    | 635.09    | 7.75     | .312  | 211.70    | 2.41      |
| OTHER SERVICES/ALL X-OVERS | 29  | 167 |    | 1,448.47  | 8.67     | .635  | 49.95     | 5.51      |
| @PHARMACY                  | 148   | 544 | \$ | 42,974.78 | \$ 79.00 | 2.068 | \$ 290.37 | \$ 163.40 |
| PRESCRIPTION DRUGS         | 146   | 509 |    | 42,652.87 | 83.80    | 1.935 | 292.14    | 162.18    |
| SNF/ICF                    | 10  | 56  |    | 3,452.42  | 61.65    | .213  | 345.24    | 13.13     |
| OUTPATIENTS                | 136   | 453 |    | 39,200.45 | 86.54    | 1.722 | 288.24    | 149.05    |
| MEDICAL SUPPLIES           | 4   | 35  |    | 321.91    | 9.20     | .133  | 80.48     | 1.22      |
| @DENTIST                   | 16  | 92  | \$ | 6,729.00  | \$ 73.14 | .350  | \$ 420.56 | \$ 25.59  |
| VISITS - DIAGNOSTIC        | 7   | 31  |    | 386.00    | 12.45    | .118  | 55.14     | 1.47      |
| ORAL SURGERY               | 4   | 24  |    | 1,511.00  | 62.96    | .091  | 377.75    | 5.75      |
| DRUGS                      | 1   | 1   |    | .00       | .00      | .004  | .00       | .00       |
| ANESTHESIA                 | 0   | 0   |    | .00       | .00      | .000  | .00       | .00       |
| PERIODONTICS               | 0   | 0   |    | .00       | .00      | .000  | .00       | .00       |
| ENDODONTICS                | 2   | 2   |    | 475.00    | 237.50   | .008  | 237.50    | 1.81      |
| RESTORATIVE DENTISTRY      | 7   | 20  |    | 1,585.00  | 79.25    | .076  | 226.43    | 6.03      |
| PROSTHETICS                | 0   | 0   |    | .00       | .00      | .000  | .00       | .00       |
| DENTURES, STAYPLATES       | 5   | 14  |    | 2,772.00  | 198.00   | .053  | 554.40    | 10.54     |
| SPACE MAINTAINERS          | 0   | 0   |    | .00       | .00      | .000  | .00       | .00       |
| MAXILLOFACIAL SERVICES     | 0   | 0   |    | .00       | .00      | .000  | .00       | .00       |
| FRACTURES, DISLOCATIONS    | 0   | 0   |    | .00       | .00      | .000  | .00       | .00       |
| ORTHODONTIC SERVICES       | 0   | 0   |    | .00       | .00      | .000  | .00       | .00       |
| ALL OTHER SERVICES         | 0   | 0   |    | .00       | .00      | .000  | .00       | .00       |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |     |    |           |          |       |           | PAGE 738  |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |     |    |           |          |       |           | 01/17/03  |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC                                      |     |    |           |          |       |           |           |

|                            | 263 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|---------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST               | 5             | 10    | \$                                  | 346.12       | \$ 34.61                     | .038                   | \$ 69.22         | \$ 1.32              |
| DIAGNOSTIC AND ANC. PROCED | 3             | 3     |                                     | 142.35       | 47.45                        | .011                   | 47.45            | .54                  |

|                              |     |     |    |           |           |       |           |           |
|------------------------------|-----|-----|----|-----------|-----------|-------|-----------|-----------|
| EYE APPLIANCES               | 3   | 7   |    | 107.01    | 15.29     | .027  | 35.67     | .41       |
| OTHER OPTOMETRIC SERVICES    | 2   | 0   |    | 96.76     | .00       | .000  | 48.38     | .37       |
| @CHIROPRACTOR                | 0   | 0   | \$ | .00       | \$ .00    | .000  | \$ .00    | \$ .00    |
| VISITS                       | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| OTHER SERVICES               | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| @PODIATRIST                  | 3   | 5   | \$ | 66.97     | \$ 13.39  | .019  | \$ 22.32  | \$ .25    |
| MEDICINE/INJECTIONS          | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| SURGERY/ANES.                | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| RADIO./PATHOLOGY             | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| OTHER                        | 3   | 5   |    | 66.97     | 13.39     | .019  | 22.32     | .25       |
| @HOME HEALTH AGENCY          | 0   | 0   | \$ | .00       | \$ .00    | .000  | \$ .00    | \$ .00    |
| NURSE ANESTHESIST            | 0   | 0   | \$ | .00       | \$ .00    | .000  | \$ .00    | \$ .00    |
| NURSE MIDWIFE                | 0   | 0   | \$ | .00       | \$ .00    | .000  | \$ .00    | \$ .00    |
| PEDIATRIC NURSE PRACTITIONER | 0   | 0   | \$ | .00       | \$ .00    | .000  | \$ .00    | \$ .00    |
| FAMILY NURSE PRACTITIONER    | 0   | 0   | \$ | .00       | \$ .00    | .000  | \$ .00    | \$ .00    |
| @TOTAL HOSPITAL              | 107 | 792 | \$ | 85,386.32 | \$ 107.81 | 3.011 | \$ 798.00 | \$ 324.66 |
| HOSP INPATIENT TOTAL         | 14  | 55  |    | 65,791.97 | 1196.22   | .209  | 4699.43   | 250.16    |
| HSC HOSPITALS                | 4   | 11  |    | 14,866.00 | 1351.45   | .042  | 3716.50   | 56.52     |
| NON-HSC HOSPITAL TOTAL       | 7   | 26  |    | 48,509.97 | 1865.77   | .099  | 6930.00   | 184.45    |
| ACCOMMODATIONS               | 7   | 26  |    | 12,709.13 | 488.81    | .099  | 1815.59   | 48.32     |
| ADMINISTRATIVE DAYS          | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| TRANSITIONAL IP CARE         | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| ALL OTHER ACCOM              | 7   | 26  |    | 12,709.13 | 488.81    | .099  | 1815.59   | 48.32     |
| ANCILLARIES                  | 7   | 0   |    | 35,800.84 | .00       | .000  | 5114.41   | 136.12    |
| INPATIENT CROSSOVERS         | 3   | 18  |    | 2,416.00  | 134.22    | .068  | 805.33    | 9.19      |
| ALL OTHER INPATIENT          | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| HOSP OUTPATIENT TOTAL        | 98  | 737 |    | 19,594.35 | 26.59     | 2.802 | 199.94    | 74.50     |
| MEDICAL                      | 47  | 79  |    | 4,100.07  | 51.90     | .300  | 87.24     | 15.59     |
| SURGERY                      | 5   | 4   |    | 175.25    | 43.81     | .015  | 35.05     | .67       |
| PATHOLOGY                    | 52  | 293 |    | 3,067.31  | 10.47     | 1.114 | 58.99     | 11.66     |
| RADIOLOGY                    | 41  | 59  |    | 5,014.59  | 84.99     | .224  | 122.31    | 19.07     |
| ROOM USE                     | 50  | 73  |    | 3,388.88  | 46.42     | .278  | 67.78     | 12.89     |
| CROSSOVERS/ALL OTH OUTPTNT   | 36  | 229 |    | 3,848.25  | 16.80     | .871  | 106.90    | 14.63     |
| @COUNTY HOSPITAL TOTAL       | 0   | 0   | \$ | 21.93     | \$ .00    | .000  | \$ .00    | \$ .08    |
| CO HOSPITAL INPATIENT TOTAL  | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| HSC HOSPITALS                | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| NON-HSC HOSPITALS TOTAL      | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| ACCOMMODATIONS               | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| ADMINISTRATIVE DAYS          | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| TRANSITIONAL IP CARE         | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| ALL OTHER ACCOM              | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| ANCILLARIES                  | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| INPATIENT CROSSOVERS         | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| ALL OTHER INPATIENT          | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| CO HOSP OUTPATIENT TOTAL     | 0   | 0   |    | 21.93     | .00       | .000  | .00       | .08       |
| MEDICAL                      | 0   | 0   |    | 18.48     | .00       | .000  | .00       | .07       |
| SURGERY                      | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| PATHOLOGY                    | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| RADIOLOGY                    | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |
| ROOM USE                     | 0   | 0   |    | 3.45      | .00       | .000  | .00       | .01       |
| CROSSOVERS/ALL OTH OUTPTNT   | 0   | 0   |    | .00       | .00       | .000  | .00       | .00       |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 739  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

| 263 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|---------------|-------|------------------|--------------|--------------|------------|----------|----------|
|---------------|-------|------------------|--------------|--------------|------------|----------|----------|

----- MONTHLY AVERAGE -----

|                              |   | OR DAYS OF CARE |    |           | PER UNIT/DAY | PER ELIG | USER       | ELIGIBLE  |
|------------------------------|---|-----------------|----|-----------|--------------|----------|------------|-----------|
| @COMMUNITY HOSPITAL TOTAL    | 107   | 792             | \$ | 85,364.39 | \$ 107.78    | 3.011    | \$ 797.80  | \$ 324.58 |
| COMM HOSP INPATIENT TOTAL    | 14  | 55              |    | 65,791.97 | 1196.22      | .209     | 4699.43    | 250.16    |
| HSC HOSPITALS                | 4   | 11              |    | 14,866.00 | 1351.45      | .042     | 3716.50    | 56.52     |
| NON-HSC HOSPITALS TOTAL      | 7   | 26              |    | 48,509.97 | 1865.77      | .099     | 6930.00    | 184.45    |
| ACCOMMODATIONS               | 7   | 26              |    | 12,709.13 | 488.81       | .099     | 1815.59    | 48.32     |
| ADMINISTRATIVE DAYS          | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| TRANSITIONAL IP CARE         | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| ALL OTHER ACCOM              | 7   | 26              |    | 12,709.13 | 488.81       | .099     | 1815.59    | 48.32     |
| ANCILLARIES                  | 7   | 0               |    | 35,800.84 | .00          | .000     | 5114.41    | 136.12    |
| INPATIENT CROSSOVERS         | 3   | 18              |    | 2,416.00  | 134.22       | .068     | 805.33     | 9.19      |
| ALL OTHER INPATIENT          | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| COMM HOSP OUTPATIENT TOTAL   | 98  | 737             |    | 19,572.42 | 26.56        | 2.802    | 199.72     | 74.42     |
| MEDICAL                      | 47  | 79              |    | 4,081.59  | 51.67        | .300     | 86.84      | 15.52     |
| SURGERY                      | 5   | 4               |    | 175.25    | 43.81        | .015     | 35.05      | .67       |
| PATHOLOGY                    | 52  | 293             |    | 3,067.31  | 10.47        | 1.114    | 58.99      | 11.66     |
| RADIOLOGY                    | 41  | 59              |    | 5,014.59  | 84.99        | .224     | 122.31     | 19.07     |
| ROOM USE                     | 50  | 73              |    | 3,385.43  | 46.38        | .278     | 67.71      | 12.87     |
| CROSSOVERS/ALL OTH OUTPTNT   | 36  | 229             |    | 3,848.25  | 16.80        | .871     | 106.90     | 14.63     |
| @STATE HOSPITAL              | 0   | 0               | \$ | .00       | \$ .00       | .000     | \$ .00     | \$ .00    |
| MENTALLY ILL                 | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| DEVELOP. DISABLED            | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| @NURSING FACILITY            | 14  | 344             | \$ | 37,131.10 | \$ 107.94    | 1.308    | \$ 2652.22 | \$ 141.18 |
| LEV A-INTERMEDIATE           | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| LEV B-REHAB MD               | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| LEV B-SUBACUTE FREESTANDING  | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| LEV B-REGULAR                | 14  | 344             |    | 37,131.10 | 107.94       | 1.308    | 2652.22    | 141.18    |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0               | \$ | .00       | \$ .00       | .000     | \$ .00     | \$ .00    |
| ICF DDH                      | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| ICF DD                       | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| ICF DDN/DDCN                 | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| @HEMODIALYSIS TOTAL          | 0   | 0               | \$ | .00       | \$ .00       | .000     | \$ .00     | \$ .00    |
| HOSPITAL BASED               | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| HEMODIALYSIS CENTER          | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| @REHABILITATION FACILITY     | 0   | 0               | \$ | .00       | \$ .00       | .000     | \$ .00     | \$ .00    |
| HOSPITAL BASED               | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| INDEPENDENT FACILITY         | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| @LABORATORY FACILITY         | 4   | 11              | \$ | 154.34    | \$ 14.03     | .042     | \$ 38.59   | \$ .59    |
| PATHOLOGY                    | 4   | 11              |    | 154.34    | 14.03        | .042     | 38.59      | .59       |
| XO AND OTHERS                | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| @ORGANIZED OUTPATIENT CLINIC | 45  | 66              | \$ | 7,710.37  | \$ 116.82    | .251     | \$ 171.34  | \$ 29.32  |
| CLINIC                       | 1   | 1               |    | 28.01     | 28.01        | .004     | 28.01      | .11       |
| SURGICENTER                  | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| HEROIN DETOX CLINIC          | 0   | 0               |    | .00       | .00          | .000     | .00        | .00       |
| RURAL HEALTH CLINIC          | 44  | 65              |    | 7,682.36  | 118.19       | .247     | 174.60     | 29.21     |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                 |    |           |              |          |            | PAGE 740  |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |                 |    |           |              |          |            | 01/17/03  |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC                                      |                 |    |           |              |          |            |           |

|                      | 263 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------|---------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 25            |       | 1,940                               | \$ 2,766.99  | \$ 1.43                      | 7.376                                  | \$ 110.68        | \$ 10.52             |
| DURABLE MED. EQUIP.  | 1             |       | 1                                   | 191.96       | 191.96                       | .004                                   | 191.96           | .73                  |
| BLOOD BANK           | 0             |       | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |

|                               |    |       |             |          |       |           |          |
|-------------------------------|----|-------|-------------|----------|-------|-----------|----------|
| HEARING AID DISPENSERS        | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| MEDICAL TRANSPORTATION        | 8  | 211   | 1,240.55    | 5.88     | .802  | 155.07    | 4.72     |
| AMBULANCES/AIR TRANS          | 2  | 128   | 848.71      | 6.63     | .487  | 424.36    | 3.23     |
| OTHER TRANS                   | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| OTHER SERVICES                | 6  | 83    | 391.84      | 4.72     | .316  | 65.31     | 1.49     |
| ACUPUNCTURE                   | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| ADULT DAY HEALTH CARE CTR     | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| GENETIC DISEASE TESTING       | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| OCCUPATIONAL THERAPIST        | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| OPTICIAN                      | 2  | 4     | 33.28       | 8.32     | .015  | 16.64     | .13      |
| PHYSICAL THERAPIST            | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| PORTABLE X-RAY                | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| PROSTHETIST/ORTHOTISTS        | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| PROSTHETICS                   | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| ORTHOTICS                     | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| PSYCHOLOGIST                  | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| SPEECH AND AUDIOLOGY          | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| HOSPICE SERVICES              | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| NONINST BIRTHING CENTERS      | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| LOCAL EDUCATION AGENCIES      | 5  | 18    | 202.88      | 11.27    | .068  | 40.58     | .77      |
| EPSDT SUPPLEMENTAL SERVICE    | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| RESPIRATORY CARE PRACT.       | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| PED SUBACUTE REHAB/WEANING    | 0  | 0     | .00         | .00      | .000  | .00       | .00      |
| ALL OTHER PROVIDERS           | 9  | 1,706 | 1,098.32    | .64      | 6.487 | 122.04    | 4.18     |
| @CALIF. CHILDREN SERVICES*    | 0  | 0     | .00         | \$ .00   | .000  | \$ .00    | \$ .00   |
| @XOVER EXCLUDING STATE HOSP** | 36 | 171   | \$ 5,235.92 | \$ 30.62 | .650  | \$ 145.44 | \$ 19.91 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      741  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR    34 MN - LTNG - AGED      AID CODE

| 1,189 ELIGIBLES            | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |                 | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 1,113 | 43,776                              | \$ 3,596,563.39 | \$ 82.16                     | 36.817                 | \$ 3231.41       | \$ 3024.86           |
| @PHYSICIANS SERVICES       | 89    | 163                                 | \$ 3,515.70     | \$ 21.57                     | .137                   | \$ 39.50         | \$ 2.96              |
| OUTPATIENT VISITS          | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| OFFICE VISITS              | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| HOME VISITS                | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRES PERI     | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |

|   |       |                  |              |              |            |           |           |           |
|---|-------|------------------|--------------|--------------|------------|-----------|-----------|-----------|
| OUTPATIENT SURGERY  | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| PRINCIPAL SURGEON   | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| ASSISTANT SURGEON   | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| ANESTHESIOLOGIST  | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| DIALYSIS  | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| PATHOLOGY   | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| RADIOLOGY   | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| PSYCHIATRY  | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| IMMUNIZATION AND INJECTION  | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| OTHER SERVICES/ALL X-OVERS  | 89    | 163              |              | 3,515.70     | 21.57      | .137      | 39.50     | 2.96      |
| @PHARMACY   | 891   | 8,950            | \$           | 282,171.88   | \$ 31.53   | 7.527     | \$ 316.69 | \$ 237.32 |
| PRESCRIPTION DRUGS  | 887   | 5,488            |              | 281,042.02   | 51.21      | 4.616     | 316.85    | 236.37    |
| SNF/ICF   | 842   | 5,338            |              | 277,939.60   | 52.07      | 4.489     | 330.09    | 233.76    |
| OUTPATIENTS   | 52    | 150              |              | 3,102.42     | 20.68      | .126      | 59.66     | 2.61      |
| MEDICAL SUPPLIES  | 7     | 3,462            |              | 1,129.86     | .33        | 2.912     | 161.41    | .95       |
| @DENTIST  | 63    | 158              | \$           | 6,233.25     | \$ 39.45   | .133      | \$ 98.94  | \$ 5.24   |
| VISITS - DIAGNOSTIC   | 59    | 133              |              | 2,508.25     | 18.86      | .112      | 42.51     | 2.11      |
| ORAL SURGERY  | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| DRUGS   | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| ANESTHESIA  | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| PERIODONTICS  | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| ENDODONTICS   | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| RESTORATIVE DENTISTRY   | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| PROSTHETICS   | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| DENTURES, STAYPLATES  | 10    | 19               |              | 3,600.00     | 189.47     | .016      | 360.00    | 3.03      |
| SPACE MAINTAINERS   | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| MAXILLOFACIAL SERVICES  | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| FRACTURES, DISLOCATIONS   | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| ORTHODONTIC SERVICES  | 0     | 0                |              | .00          | .00        | .000      | .00       | .00       |
| ALL OTHER SERVICES  | 5     | 6                |              | 125.00       | 20.83      | .005      | 25.00     | .11       |
| #CALIF DEPT OF HEALTH SERV  |       |                  |              |              |            |           |           |           |
| MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |       |                  |              |              |            |           |           |           |
| MOP024  |       |                  |              |              |            |           |           |           |
| FEE-FOR-SERVICE/DENTAL  |       |                  |              |              |            |           |           |           |
| AMADOR COUNTY   |       |                  |              |              |            |           |           |           |
| SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED   |       |                  |              |              |            |           |           |           |
| AID CODE  |       |                  |              |              |            |           |           |           |
| ----- MONTHLY AVERAGE -----   |       |                  |              |              |            |           |           |           |
| 1,189 ELIGIBLES   | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER  | COST PER  |           |
|   |       | OR DAYS OF CARE  |              | PER UNIT/DAY | PER ELIG   | USER      | ELIGIBLE  |           |
| @OPTOMETRIST  | 16    | 32               | \$ 484.25    | \$ 15.13     | .027       | \$ 30.27  | \$ .41    |           |
| DIAGNOSTIC AND ANC. PROCED  | 6     | 6                | 48.06        | 8.01         | .005       | 8.01      | .04       |           |
| EYE APPLIANCES  | 8     | 23               | 393.87       | 17.12        | .019       | 49.23     | .33       |           |
| OTHER OPTOMETRIC SERVICES   | 3     | 3                | 42.32        | 14.11        | .003       | 14.11     | .04       |           |
| @CHIROPRACTOR   | 0     | 0                | \$ .00       | \$ .00       | .000       | \$ .00    | \$ .00    |           |
| VISITS  | 0     | 0                | .00          | .00          | .000       | .00       | .00       |           |
| OTHER SERVICES  | 0     | 0                | .00          | .00          | .000       | .00       | .00       |           |
| @PODIATRIST   | 181   | 185              | \$ 1,658.10  | \$ 8.96      | .156       | \$ 9.16   | \$ 1.39   |           |
| MEDICINE/INJECTIONS   | 0     | 0                | .00          | .00          | .000       | .00       | .00       |           |
| SURGERY/ANES.   | 0     | 0                | .00          | .00          | .000       | .00       | .00       |           |
| RADIO./PATHOLOGY  | 0     | 0                | .00          | .00          | .000       | .00       | .00       |           |
| OTHER   | 181   | 185              | 1,658.10     | 8.96         | .156       | 9.16      | 1.39      |           |
| @HOME HEALTH AGENCY   | 0     | 0                | \$ .00       | \$ .00       | .000       | \$ .00    | \$ .00    |           |
| NURSE ANESTHESIST   | 0     | 0                | \$ .00       | \$ .00       | .000       | \$ .00    | \$ .00    |           |
| NURSE MIDWIFE   | 0     | 0                | \$ .00       | \$ .00       | .000       | \$ .00    | \$ .00    |           |
| PEDIATRIC NURSE PRACTITIONER  | 2     | 2                | \$ 41.20     | \$ 20.60     | .002       | \$ 20.60  | \$ .03    |           |
| FAMILY NURSE PRACTITIONER   | 0     | 0                | \$ .00       | \$ .00       | .000       | \$ .00    | \$ .00    |           |
| @TOTAL HOSPITAL   | 16    | 106              | \$ 10,013.34 | \$ 94.47     | .089       | \$ 625.83 | \$ 8.42   |           |
| HOSP INPATIENT TOTAL  | 12    | 80               | 9,684.00     | 121.05       | .067       | 807.00    | 8.14      |           |
| HSC HOSPITALS   | 0     | 0                | .00          | .00          | .000       | .00       | .00       |           |

|                             |    |    |             |          |      |           |         |
|-----------------------------|----|----|-------------|----------|------|-----------|---------|
| NON-HSC HOSPITAL TOTAL      | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| ACCOMMODATIONS              | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| ADMINISTRATIVE DAYS         | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| TRANSITIONAL IP CARE        | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| ALL OTHER ACCOM             | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| ANCILLARIES                 | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| INPATIENT CROSSOVERS        | 12 | 80 | 9,684.00    | 121.05   | .067 | 807.00    | 8.14    |
| ALL OTHER INPATIENT         | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| HOSP OUTPATIENT TOTAL       | 4  | 26 | 329.34      | 12.67    | .022 | 82.34     | .28     |
| MEDICAL                     | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| SURGERY                     | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| PATHOLOGY                   | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| RADIOLOGY                   | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| ROOM USE                    | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| CROSSOVERS/ALL OTH OUTPTNT  | 4  | 26 | 329.34      | 12.67    | .022 | 82.34     | .28     |
| @COUNTY HOSPITAL TOTAL      | 2  | 27 | \$ 1,624.00 | \$ 60.15 | .023 | \$ 812.00 | \$ 1.37 |
| CO HOSPITAL INPATIENT TOTAL | 2  | 27 | 1,624.00    | 60.15    | .023 | 812.00    | 1.37    |
| HSC HOSPITALS               | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| NON-HSC HOSPITALS TOTAL     | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| ACCOMMODATIONS              | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| ADMINISTRATIVE DAYS         | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| TRANSITIONAL IP CARE        | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| ALL OTHER ACCOM             | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| ANCILLARIES                 | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| INPATIENT CROSSOVERS        | 2  | 27 | 1,624.00    | 60.15    | .023 | 812.00    | 1.37    |
| ALL OTHER INPATIENT         | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| CO HOSP OUTPATIENT TOTAL    | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| MEDICAL                     | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| SURGERY                     | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| PATHOLOGY                   | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| RADIOLOGY                   | 0  | 0  | .00         | .00      | .000 | .00       | .00     |
| ROOM USE                    | 0  | 0  | .00         | .00      | .000 | .00       | .00     |

|                              |   |                                     |                 |                              |                        |                             |                      |
|------------------------------|---|-------------------------------------|-----------------|------------------------------|------------------------|-----------------------------|----------------------|
| CROSSOVERS/ALL OTH OUTPTNT   | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                                     |                 |                              |                        |                             | PAGE 743             |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |                                     |                 |                              |                        |                             | 01/17/03             |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED   |                                     |                 |                              |                        |                             |                      |
|                              |   |                                     |                 |                              | AID CODE               |                             |                      |
|                              |   |                                     |                 |                              |                        | ----- MONTHLY AVERAGE ----- |                      |
| 1,189 ELIGIBLES              | USERS   | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER            | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL    | 14  | 79                                  | \$ 8,389.34     | \$ 106.19                    | .066                   | \$ 599.24                   | \$ 7.06              |
| COMM HOSP INPATIENT TOTAL    | 10  | 53                                  | 8,060.00        | 152.08                       | .045                   | 806.00                      | 6.78                 |
| HSC HOSPITALS                | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| ACCOMMODATIONS               | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| ADMINISTRATIVE DAYS          | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| TRANSITIONAL IP CARE         | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| ALL OTHER ACCOM              | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| ANCILLARIES                  | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| INPATIENT CROSSOVERS         | 10  | 53                                  | 8,060.00        | 152.08                       | .045                   | 806.00                      | 6.78                 |
| ALL OTHER INPATIENT          | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 4   | 26                                  | 329.34          | 12.67                        | .022                   | 82.34                       | .28                  |
| MEDICAL                      | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| SURGERY                      | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| PATHOLOGY                    | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| RADIOLOGY                    | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| ROOM USE                     | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 4   | 26                                  | 329.34          | 12.67                        | .022                   | 82.34                       | .28                  |
| @STATE HOSPITAL              | 0   | 0                                   | \$ .00          | \$ .00                       | .000                   | \$ .00                      | \$ .00               |
| MENTALLY ILL                 | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| DEVELOP. DISABLED            | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| @NURSING FACILITY            | 989   | 32,590                              | \$ 3,269,185.52 | \$ 100.31                    | 27.410                 | \$ 3305.55                  | \$ 2749.53           |
| LEV A-INTERMEDIATE           | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| LEV B-REHAB MD               | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 1   | 139                                 | 73,946.45       | 531.99                       | .117                   | 73946.45                    | 62.19                |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| LEV B-REGULAR                | 988   | 32,451                              | 3,195,239.07    | 98.46                        | 27.293                 | 3234.05                     | 2687.33              |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0                                   | \$ .00          | \$ .00                       | .000                   | \$ .00                      | \$ .00               |
| ICF DDH                      | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| ICF DD                       | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| ICF DDN/DDCN                 | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| @HEMODIALYSIS TOTAL          | 0   | 0                                   | \$ .00          | \$ .00                       | .000                   | \$ .00                      | \$ .00               |
| HOSPITAL BASED               | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| HEMODIALYSIS CENTER          | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| @REHABILITATION FACILITY     | 0   | 0                                   | \$ .00          | \$ .00                       | .000                   | \$ .00                      | \$ .00               |
| HOSPITAL BASED               | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| INDEPENDENT FACILITY         | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| @LABORATORY FACILITY         | 0   | 0                                   | \$ .00          | \$ .00                       | .000                   | \$ .00                      | \$ .00               |
| PATHOLOGY                    | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| XO AND OTHERS                | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| @ORGANIZED OUTPATIENT CLINIC | 1   | 1                                   | \$ 197.00       | \$ 197.00                    | .001                   | \$ 197.00                   | \$ .17               |
| CLINIC                       | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| SURGICENTER                  | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| HEROIN DETOX CLINIC          | 0   | 0                                   | .00             | .00                          | .000                   | .00                         | .00                  |
| RURAL HEALTH CLINIC          | 1   | 1                                   | 197.00          | 197.00                       | .001                   | 197.00                      | .17                  |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                                     |                 |                              |                        |                             | PAGE 744             |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |                                     |                 |                              |                        |                             | 01/17/03             |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED   |                                     |                 |                              |                        |                             |                      |
|                              |   |                                     |                 |                              | AID CODE               |                             |                      |



| 1,189 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                               |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS          | 101   | 1,589                               | \$ 23,063.15 | \$ 14.51                     | 1.336                  | \$ 228.35        | \$ 19.40             |
| DURABLE MED. EQUIP.           | 8     | 132                                 | 3,871.41     | 29.33                        | .111                   | 483.93           | 3.26                 |
| BLOOD BANK                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS        | 1     | 2                                   | 1,128.99     | 564.50                       | .002                   | 1128.99          | .95                  |
| MEDICAL TRANSPORTATION        | 44    | 363                                 | 3,064.82     | 8.44                         | .305                   | 69.66            | 2.58                 |
| AMBULANCES/AIR TRANS          | 1     | 2                                   | 110.71       | 55.36                        | .002                   | 110.71           | .09                  |
| OTHER TRANS                   | 8     | 112                                 | 406.10       | 3.63                         | .094                   | 50.76            | .34                  |
| OTHER SERVICES                | 36    | 249                                 | 2,548.01     | 10.23                        | .209                   | 70.78            | 2.14                 |
| ACUPUNCTURE                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                      | 5     | 13                                  | 145.92       | 11.22                        | .011                   | 29.18            | .12                  |
| PHYSICAL THERAPIST            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS        | 1     | 3                                   | 7.53         | 2.51                         | .003                   | 7.53             | .01                  |
| PROSTHETICS                   | 1     | 3                                   | 7.53         | 2.51                         | .003                   | 7.53             | .01                  |
| ORTHOTICS                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHOLOGIST                  | 4     | 4                                   | 20.43        | 5.11                         | .003                   | 5.11             | .02                  |
| SPEECH AND AUDIOLOGY          | 1     | 1                                   | 33.03        | 33.03                        | .001                   | 33.03            | .03                  |
| HOSPICE SERVICES              | 8     | 134                                 | 13,594.96    | 101.45                       | .113                   | 1699.37          | 11.43                |
| NONINST BIRTHING CENTERS      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER PROVIDERS           | 35    | 937                                 | 1,196.06     | 1.28                         | .788                   | 34.17            | 1.01                 |
| @CALIF. CHILDREN SERVICES*    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @XOVER EXCLUDING STATE HOSP** | 379   | 4,865                               | \$ 69,359.39 | \$ 14.26                     | 4.092                  | \$ 183.01        | \$ 58.33             |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024 FEE-FOR-SERVICE/DENTAL  
AMADOR COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND

PAGE 745  
01/17/03

| 00 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                           |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS     | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @PHYSICIANS SERVICES      | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| OUTPATIENT VISITS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OFFICE VISITS             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOME VISITS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPITAL VISITS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                            |   |   |        |        |      |        |        |
|----------------------------|---|---|--------|--------|------|--------|--------|
| EXAMINATIONS               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SERVICES AND MATERIALS     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PRINCIPAL SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ASSISTANT SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIOLOGIST           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OUTPATIENT SURGERY         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PRINCIPAL SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ASSISTANT SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIOLOGIST           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DIALYSIS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PSYCHIATRY                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @PHARMACY                  | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| PRESCRIPTION DRUGS         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SNF/ICF                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OUTPATIENTS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL SUPPLIES           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @DENTIST                   | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| VISITS - DIAGNOSTIC        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORAL SURGERY               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DRUGS                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIA                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PERIODONTICS               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ENDODONTICS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESTORATIVE DENTISTRY      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETICS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DENTURES, STAYPLATES       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SPACE MAINTAINERS          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MAXILLOFACIAL SERVICES     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| FRACTURES, DISLOCATIONS    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORTHODONTIC SERVICES       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER SERVICES         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 746  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND      AID CODE

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
|                            |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST               | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| EYE APPLIANCES             | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @CHIROPRACTOR              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| VISITS                     | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @PODIATRIST                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS        | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SURGERY/ANES.              | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| RADIO./PATHOLOGY           | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER                      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @HOME HEALTH AGENCY        | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |
| NURSE ANESTHESIST          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |

|                              |   |   |    |     |    |     |      |    |     |    |     |
|------------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----|
| NURSE MIDWIFE                | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER    | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL              | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL         | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| HSC HOSPITALS                | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| NON-HSC HOSPITAL TOTAL       | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| ACCOMMODATIONS               | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| ADMINISTRATIVE DAYS          | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| TRANSITIONAL IP CARE         | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| ALL OTHER ACCOM              | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| ANCILLARIES                  | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| INPATIENT CROSSOVERS         | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| ALL OTHER INPATIENT          | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| HOSP OUTPATIENT TOTAL        | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| MEDICAL                      | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| SURGERY                      | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| PATHOLOGY                    | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| RADIOLOGY                    | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| ROOM USE                     | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| CROSSOVERS/ALL OTH OUTPTNT   | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| @COUNTY HOSPITAL TOTAL       | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL  | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| HSC HOSPITALS                | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| NON-HSC HOSPITALS TOTAL      | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| ACCOMMODATIONS               | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| ADMINISTRATIVE DAYS          | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| TRANSITIONAL IP CARE         | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| ALL OTHER ACCOM              | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| ANCILLARIES                  | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| INPATIENT CROSSOVERS         | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| ALL OTHER INPATIENT          | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| CO HOSP OUTPATIENT TOTAL     | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| MEDICAL                      | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| SURGERY                      | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| PATHOLOGY                    | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| RADIOLOGY                    | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| ROOM USE                     | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |
| CROSSOVERS/ALL OTH OUTPTNT   | 0 | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 747  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND      AID CODE

| 00 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| COMM HOSP INPATIENT TOTAL | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |   |   |        |        |      |        |        |
|------------------------------|---|---|--------|--------|------|--------|--------|
| COMM HOSP OUTPATIENT TOTAL   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGERY                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @STATE HOSPITAL              | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| MENTALLY ILL                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DEVELOP. DISABLED            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @NURSING FACILITY            | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| LEV A-INTERMEDIATE           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-REHAB MD               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-SUBACUTE FREESTANDING  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-SUBACUTE HSPTL BASED   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-TRANSITIONAL IP CARE   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-REGULAR                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| ICF DDH                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ICF DD                       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ICF DDN/DDCN                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @HEMODIALYSIS TOTAL          | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HEMODIALYSIS CENTER          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @REHABILITATION FACILITY     | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INDEPENDENT FACILITY         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @LABORATORY FACILITY         | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| PATHOLOGY                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| XO AND OTHERS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| CLINIC                       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

|                     |   |   |     |     |      |     |     |
|---------------------|---|---|-----|-----|------|-----|-----|
| SURGICENTER         | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 748  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND      AID CODE

| 00 ELIGIBLES                   | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS           | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| BLOOD BANK                     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HEARING AID DISPENSERS         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| MEDICAL TRANSPORTATION         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| AMBULANCES/AIR TRANS           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER TRANS                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACUPUNCTURE                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| GENETIC DISEASE TESTING        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OCCUPATIONAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OPTICIAN                       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PHYSICAL THERAPIST             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PORTABLE X-RAY                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PROSTHETICS                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ORTHOTICS                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PSYCHOLOGIST                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SPEECH AND AUDIOLOGY           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HOSPICE SERVICES               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NONINST BIRTHING CENTERS       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LOCAL EDUCATION AGENCIES       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RESPIRATORY CARE PRACT.        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER PROVIDERS            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @CALIF. CHILDREN SERVICES*     | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| @XOVER EXCLUDING STATE HOSP**  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 749  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED      AID CODE

| 66 ELIGIBLES          | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-----------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 71    | 2,536                               | \$ 207,954.45 | \$ 82.00                     | 38.424                                    | \$ 2928.94       | \$ 3150.83           |
| @PHYSICIANS SERVICES  | 12    | 17                                  | \$ 492.90     | \$ 28.99                     | .258                                      | \$ 41.08         | \$ 7.47              |
| OUTPATIENT VISITS     | 1     | 1                                   | 81.40         | 81.40                        | .015                                      | 81.40            | 1.23                 |
| OFFICE VISITS         | 1     | 1                                   | 81.40         | 81.40                        | .015                                      | 81.40            | 1.23                 |
| HOME VISITS           | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| EMERGENCY ROOM        | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| PREVENTIVE CARE       | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| OB VISITS/COMPRE PERI | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |

|                            |    |     |    |           |    |       |       |           |           |
|----------------------------|----|-----|----|-----------|----|-------|-------|-----------|-----------|
| OTHER OUTPATIENT           | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| INPATIENT VISITS           | 7  | 8   |    | 304.30    |    | 38.04 | .121  | 43.47     | 4.61      |
| HOSPITAL VISITS            | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| CRITICAL CARE              | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| SNF/ICF/TRANS IP CARE      | 7  | 8   |    | 304.30    |    | 38.04 | .121  | 43.47     | 4.61      |
| OPHTHALMOLOGICAL SERVICES  | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| EXAMINATIONS               | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| SERVICES AND MATERIALS     | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| INPATIENT HOSPITAL SURGERY | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| PRINCIPAL SURGEON          | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| ASSISTANT SURGEON          | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| ANESTHESIOLOGIST           | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| OUTPATIENT SURGERY         | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| PRINCIPAL SURGEON          | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| ASSISTANT SURGEON          | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| ANESTHESIOLOGIST           | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| DIALYSIS                   | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| PATHOLOGY                  | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| RADIOLOGY                  | 1  | 2   |    | 17.10     |    | 8.55  | .030  | 17.10     | .26       |
| PSYCHIATRY                 | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| IMMUNIZATION AND INJECTION | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| OTHER SERVICES/ALL X-OVERS | 4  | 6   |    | 90.10     |    | 15.02 | .091  | 22.53     | 1.37      |
| @PHARMACY                  | 63 | 554 | \$ | 28,690.43 | \$ | 51.79 | 8.394 | \$ 455.40 | \$ 434.70 |
| PRESCRIPTION DRUGS         | 63 | 554 |    | 28,690.43 |    | 51.79 | 8.394 | 455.40    | 434.70    |
| SNF/ICF                    | 61 | 529 |    | 27,411.23 |    | 51.82 | 8.015 | 449.36    | 415.32    |
| OUTPATIENTS                | 3  | 25  |    | 1,279.20  |    | 51.17 | .379  | 426.40    | 19.38     |
| MEDICAL SUPPLIES           | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| @DENTIST                   | 5  | 8   | \$ | 240.00    | \$ | 30.00 | .121  | \$ 48.00  | \$ 3.64   |
| VISITS - DIAGNOSTIC        | 4  | 6   |    | 190.00    |    | 31.67 | .091  | 47.50     | 2.88      |
| ORAL SURGERY               | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| DRUGS                      | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| ANESTHESIA                 | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| PERIODONTICS               | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| ENDODONTICS                | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| RESTORATIVE DENTISTRY      | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| PROSTHETICS                | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| DENTURES, STAYPLATES       | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| SPACE MAINTAINERS          | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| MAXILLOFACIAL SERVICES     | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| FRACTURES, DISLOCATIONS    | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| ORTHODONTIC SERVICES       | 0  | 0   |    | .00       |    | .00   | .000  | .00       | .00       |
| ALL OTHER SERVICES         | 1  | 2   |    | 50.00     |    | 25.00 | .030  | 50.00     | .76       |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      750  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED      AID CODE

|                            | 66 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST               | 1            | 2     | \$                                  | 43.76        | \$ 21.88                     | .030                   | \$ 43.76         | \$ .66               |
| DIAGNOSTIC AND ANC. PROCED | 0            | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES             | 1            | 2     |                                     | 43.76        | 21.88                        | .030                   | 43.76            | .66                  |
| OTHER OPTOMETRIC SERVICES  | 0            | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR              | 0            | 0     | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                     | 0            | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES             | 0            | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                | 6            | 6     | \$                                  | 120.00       | \$ 20.00                     | .091                   | \$ 20.00         | \$ 1.82              |

|                              |   |    |           |          |      |          |         |
|------------------------------|---|----|-----------|----------|------|----------|---------|
| MEDICINE/INJECTIONS          | 1 | 1  | 21.40     | 21.40    | .015 | 21.40    | .32     |
| SURGERY/ANES.                | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| RADIO./PATHOLOGY             | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| OTHER                        | 5 | 5  | 98.60     | 19.72    | .076 | 19.72    | 1.49    |
| @HOME HEALTH AGENCY          | 0 | 0  | \$ .00    | \$ .00   | .000 | \$ .00   | \$ .00  |
| NURSE ANESTHESIST            | 0 | 0  | \$ .00    | \$ .00   | .000 | \$ .00   | \$ .00  |
| NURSE MIDWIFE                | 0 | 0  | \$ .00    | \$ .00   | .000 | \$ .00   | \$ .00  |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0  | \$ .00    | \$ .00   | .000 | \$ .00   | \$ .00  |
| FAMILY NURSE PRACTITIONER    | 0 | 0  | \$ .00    | \$ .00   | .000 | \$ .00   | \$ .00  |
| @TOTAL HOSPITAL              | 6 | 24 | \$ 310.94 | \$ 12.96 | .364 | \$ 51.82 | \$ 4.71 |
| HOSP INPATIENT TOTAL         | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| HSC HOSPITALS                | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| NON-HSC HOSPITAL TOTAL       | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ACCOMMODATIONS               | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ADMINISTRATIVE DAYS          | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| TRANSITIONAL IP CARE         | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ALL OTHER ACCOM              | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ANCILLARIES                  | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| INPATIENT CROSSOVERS         | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ALL OTHER INPATIENT          | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| HOSP OUTPATIENT TOTAL        | 6 | 24 | 310.94    | 12.96    | .364 | 51.82    | 4.71    |
| MEDICAL                      | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| SURGERY                      | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| PATHOLOGY                    | 6 | 24 | 310.94    | 12.96    | .364 | 51.82    | 4.71    |
| RADIOLOGY                    | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ROOM USE                     | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| CROSSOVERS/ALL OTH OUTPTNT   | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| @COUNTY HOSPITAL TOTAL       | 0 | 0  | \$ .00    | \$ .00   | .000 | \$ .00   | \$ .00  |
| CO HOSPITAL INPATIENT TOTAL  | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| HSC HOSPITALS                | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| NON-HSC HOSPITALS TOTAL      | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ACCOMMODATIONS               | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ADMINISTRATIVE DAYS          | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| TRANSITIONAL IP CARE         | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ALL OTHER ACCOM              | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ANCILLARIES                  | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| INPATIENT CROSSOVERS         | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ALL OTHER INPATIENT          | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| CO HOSP OUTPATIENT TOTAL     | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| MEDICAL                      | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| SURGERY                      | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| PATHOLOGY                    | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| RADIOLOGY                    | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ROOM USE                     | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| CROSSOVERS/ALL OTH OUTPTNT   | 0 | 0  | .00       | .00      | .000 | .00      | .00     |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 751  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED      AID CODE

| 66 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                           |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 6     | 24                                  | \$ 310.94    | \$ 12.96                     | .364                   | \$ 51.82         | \$ 4.71              |
| COMM HOSP INPATIENT TOTAL | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |    |       |    |            |          |        |            |            |
|------------------------------|----|-------|----|------------|----------|--------|------------|------------|
| ADMINISTRATIVE DAYS          | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| TRANSITIONAL IP CARE         | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| ALL OTHER ACCOM              | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| ANCILLARIES                  | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| INPATIENT CROSSOVERS         | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| ALL OTHER INPATIENT          | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| COMM HOSP OUTPATIENT TOTAL   | 6  | 24    |    | 310.94     | 12.96    | .364   | 51.82      | 4.71       |
| MEDICAL                      | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| SURGERY                      | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| PATHOLOGY                    | 6  | 24    |    | 310.94     | 12.96    | .364   | 51.82      | 4.71       |
| RADIOLOGY                    | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| ROOM USE                     | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| CROSSOVERS/ALL OTH OUTPTNT   | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| @STATE HOSPITAL              | 0  | 0     | \$ | .00        | \$ .00   | .000   | \$ .00     | \$ .00     |
| MENTALLY ILL                 | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| DEVELOP. DISABLED            | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| @NURSING FACILITY            | 61 | 1,823 | \$ | 173,523.56 | \$ 95.19 | 27.621 | \$ 2844.65 | \$ 2629.14 |
| LEV A-INTERMEDIATE           | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| LEV B-REHAB MD               | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| LEV B-SUBACUTE FREESTANDING  | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| LEV B-SUBACUTE HSPTL BASED   | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| LEV B-TRANSITIONAL IP CARE   | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| LEV B-REGULAR                | 61 | 1,823 |    | 173,523.56 | 95.19    | 27.621 | 2844.65    | 2629.14    |
| @INTERMEDIATE CARE FACIL.-DD | 0  | 0     | \$ | .00        | \$ .00   | .000   | \$ .00     | \$ .00     |
| ICF DDH                      | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| ICF DD                       | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| ICF DDN/DDCN                 | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| @HEMODIALYSIS TOTAL          | 0  | 0     | \$ | .00        | \$ .00   | .000   | \$ .00     | \$ .00     |
| HOSPITAL BASED               | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| HEMODIALYSIS CENTER          | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| @REHABILITATION FACILITY     | 0  | 0     | \$ | .00        | \$ .00   | .000   | \$ .00     | \$ .00     |
| HOSPITAL BASED               | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| INDEPENDENT FACILITY         | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| @LABORATORY FACILITY         | 1  | 1     | \$ | 2.51       | \$ 2.51  | .015   | \$ 2.51    | \$ .04     |
| PATHOLOGY                    | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| XO AND OTHERS                | 1  | 1     |    | 2.51       | 2.51     | .015   | 2.51       | .04        |
| @ORGANIZED OUTPATIENT CLINIC | 0  | 0     | \$ | .00        | \$ .00   | .000   | \$ .00     | \$ .00     |
| CLINIC                       | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| SURGICENTER                  | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| HEROIN DETOX CLINIC          | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |
| RURAL HEALTH CLINIC          | 0  | 0     |    | .00        | .00      | .000   | .00        | .00        |

#CALIF DEPT OF HEALTH SERV  
MOP024  
AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

PAGE 752  
01/17/03

| 66 ELIGIBLES           | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AID CODE                     |                        |                  |                      |
|------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                        |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS   | 8     | 101                                 | \$ 4,530.35  | \$ 44.85                     | 1.530                  | \$ 566.29        | \$ 68.64             |
| DURABLE MED. EQUIP.    | 3     | 41                                  | 4,238.18     | 103.37                       | .621                   | 1412.73          | 64.21                |
| BLOOD BANK             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION | 4     | 54                                  | 164.79       | 3.05                         | .818                   | 41.20            | 2.50                 |
| AMBULANCES/AIR TRANS   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER TRANS            | 4     | 33                                  | 138.85       | 4.21                         | .500                   | 34.71            | 2.10                 |
| OTHER SERVICES         | 1     | 21                                  | 25.94        | 1.24                         | .318                   | 25.94            | .39                  |
| ACUPUNCTURE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |



|                               |    |    |             |          |      |           |          |
|-------------------------------|----|----|-------------|----------|------|-----------|----------|
| ADULT DAY HEALTH CARE CTR     | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| GENETIC DISEASE TESTING       | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| OCCUPATIONAL THERAPIST        | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| OPTICIAN                      | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| PHYSICAL THERAPIST            | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| PORTABLE X-RAY                | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| PROSTHETIST/ORTHOTISTS        | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| PROSTHETICS                   | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| ORTHOTICS                     | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| PSYCHOLOGIST                  | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| SPEECH AND AUDIOLOGY          | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| HOSPICE SERVICES              | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| NONINST BIRTHING CENTERS      | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| LOCAL EDUCATION AGENCIES      | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| EPSDT SUPPLEMENTAL SERVICE    | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| RESPIRATORY CARE PRACT.       | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| PED SUBACUTE REHAB/WEANING    | 0  | 0  | .00         | .00      | .000 | .00       | .00      |
| ALL OTHER PROVIDERS           | 2  | 6  | 127.38      | 21.23    | .091 | 63.69     | 1.93     |
| @CALIF. CHILDREN SERVICES*    | 0  | 0  | \$ .00      | \$ .00   | .000 | \$ .00    | \$ .00   |
| @XOVER EXCLUDING STATE HOSP** | 12 | 39 | \$ 3,339.41 | \$ 85.63 | .591 | \$ 278.28 | \$ 50.60 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      753  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

AMADOR COUNTY      SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

DISCONTIN

| 00 ELIGIBLES          | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                       |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @PHYSICIANS SERVICES  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |

|                            |   |   |        |        |      |        |        |
|----------------------------|---|---|--------|--------|------|--------|--------|
| OUTPATIENT VISITS          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OFFICE VISITS              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HOME VISITS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| EMERGENCY ROOM             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PREVENTIVE CARE            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OB VISITS/COMPRE PERI      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OTHER OUTPATIENT           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INPATIENT VISITS           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HOSPITAL VISITS            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CRITICAL CARE              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SNF/ICF/TRANS IP CARE      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OPHTHALMOLOGICAL SERVICES  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| EXAMINATIONS               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SERVICES AND MATERIALS     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PRINCIPAL SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ASSISTANT SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIOLOGIST           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OUTPATIENT SURGERY         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PRINCIPAL SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ASSISTANT SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIOLOGIST           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DIALYSIS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PSYCHIATRY                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @PHARMACY                  | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| PRESCRIPTION DRUGS         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SNF/ICF                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OUTPATIENTS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL SUPPLIES           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @DENTIST                   | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| VISITS - DIAGNOSTIC        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORAL SURGERY               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DRUGS                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIA                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PERIODONTICS               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ENDODONTICS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESTORATIVE DENTISTRY      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETICS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DENTURES, STAYPLATES       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SPACE MAINTAINERS          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MAXILLOFACIAL SERVICES     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| FRACTURES, DISLOCATIONS    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORTHODONTIC SERVICES       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER SERVICES         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 754  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES      DISCONTIN

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST               | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |   |   |    |     |     |      |     |     |
|------------------------------|---|---|----|-----|-----|------|-----|-----|
| EYE APPLIANCES               | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES    | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR                | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| VISITS                       | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES               | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST                  | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| MEDICINE/INJECTIONS          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES.                | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY             | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| OTHER                        | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY          | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| NURSE ANESTHESIST            | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| NURSE MIDWIFE                | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| FAMILY NURSE PRACTITIONER    | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| @TOTAL HOSPITAL              | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| HOSP INPATIENT TOTAL         | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS                | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL       | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS               | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE         | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM              | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES                  | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS         | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL        | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| MEDICAL                      | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| SURGERY                      | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY                    | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY                    | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ROOM USE                     | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT   | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL       | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| CO HOSPITAL INPATIENT TOTAL  | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS                | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL      | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS               | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE         | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM              | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES                  | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS         | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL     | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| MEDICAL                      | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| SURGERY                      | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY                    | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY                    | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ROOM USE                     | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT   | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 755  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES      DISCONTIN

----- MONTHLY AVERAGE -----  
00 ELIGIBLES      USERS      UNITS OF SERVICE      EXPENDITURES      AVERAGE COST      UNITS/DAYS      COST PER      COST PER

|                              |   | OR DAYS OF CARE |    | PER UNIT/DAY | PER ELIG | USER    | ELIGIBLE |
|------------------------------|---|-----------------|----|--------------|----------|---------|----------|
| @COMMUNITY HOSPITAL TOTAL    | 0 | 0               | \$ | .00          | \$ .00   | .000 \$ | .00 \$   |
| COMM HOSP INPATIENT TOTAL    | 0 | 0               |    | .00          | .00      | .000    | .00      |
| HSC HOSPITALS                | 0 | 0               |    | .00          | .00      | .000    | .00      |
| NON-HSC HOSPITALS TOTAL      | 0 | 0               |    | .00          | .00      | .000    | .00      |
| ACCOMMODATIONS               | 0 | 0               |    | .00          | .00      | .000    | .00      |
| ADMINISTRATIVE DAYS          | 0 | 0               |    | .00          | .00      | .000    | .00      |
| TRANSITIONAL IP CARE         | 0 | 0               |    | .00          | .00      | .000    | .00      |
| ALL OTHER ACCOM              | 0 | 0               |    | .00          | .00      | .000    | .00      |
| ANCILLARIES                  | 0 | 0               |    | .00          | .00      | .000    | .00      |
| INPATIENT CROSSOVERS         | 0 | 0               |    | .00          | .00      | .000    | .00      |
| ALL OTHER INPATIENT          | 0 | 0               |    | .00          | .00      | .000    | .00      |
| COMM HOSP OUTPATIENT TOTAL   | 0 | 0               |    | .00          | .00      | .000    | .00      |
| MEDICAL                      | 0 | 0               |    | .00          | .00      | .000    | .00      |
| SURGERY                      | 0 | 0               |    | .00          | .00      | .000    | .00      |
| PATHOLOGY                    | 0 | 0               |    | .00          | .00      | .000    | .00      |
| RADIOLOGY                    | 0 | 0               |    | .00          | .00      | .000    | .00      |
| ROOM USE                     | 0 | 0               |    | .00          | .00      | .000    | .00      |
| CROSSOVERS/ALL OTH OUTPTNT   | 0 | 0               |    | .00          | .00      | .000    | .00      |
| @STATE HOSPITAL              | 0 | 0               | \$ | .00          | \$ .00   | .000 \$ | .00 \$   |
| MENTALLY ILL                 | 0 | 0               |    | .00          | .00      | .000    | .00      |
| DEVELOP. DISABLED            | 0 | 0               |    | .00          | .00      | .000    | .00      |
| @NURSING FACILITY            | 0 | 0               | \$ | .00          | \$ .00   | .000 \$ | .00 \$   |
| LEV A-INTERMEDIATE           | 0 | 0               |    | .00          | .00      | .000    | .00      |
| LEV B-REHAB MD               | 0 | 0               |    | .00          | .00      | .000    | .00      |
| LEV B-SUBACUTE FREESTANDING  | 0 | 0               |    | .00          | .00      | .000    | .00      |
| LEV B-SUBACUTE HSPTL BASED   | 0 | 0               |    | .00          | .00      | .000    | .00      |
| LEV B-TRANSITIONAL IP CARE   | 0 | 0               |    | .00          | .00      | .000    | .00      |
| LEV B-REGULAR                | 0 | 0               |    | .00          | .00      | .000    | .00      |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0               | \$ | .00          | \$ .00   | .000 \$ | .00 \$   |
| ICF DDH                      | 0 | 0               |    | .00          | .00      | .000    | .00      |
| ICF DD                       | 0 | 0               |    | .00          | .00      | .000    | .00      |
| ICF DDN/DDCN                 | 0 | 0               |    | .00          | .00      | .000    | .00      |
| @HEMODIALYSIS TOTAL          | 0 | 0               | \$ | .00          | \$ .00   | .000 \$ | .00 \$   |
| HOSPITAL BASED               | 0 | 0               |    | .00          | .00      | .000    | .00      |
| HEMODIALYSIS CENTER          | 0 | 0               |    | .00          | .00      | .000    | .00      |
| @REHABILITATION FACILITY     | 0 | 0               | \$ | .00          | \$ .00   | .000 \$ | .00 \$   |
| HOSPITAL BASED               | 0 | 0               |    | .00          | .00      | .000    | .00      |
| INDEPENDENT FACILITY         | 0 | 0               |    | .00          | .00      | .000    | .00      |
| @LABORATORY FACILITY         | 0 | 0               | \$ | .00          | \$ .00   | .000 \$ | .00 \$   |
| PATHOLOGY                    | 0 | 0               |    | .00          | .00      | .000    | .00      |
| XO AND OTHERS                | 0 | 0               |    | .00          | .00      | .000    | .00      |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0               | \$ | .00          | \$ .00   | .000 \$ | .00 \$   |
| CLINIC                       | 0 | 0               |    | .00          | .00      | .000    | .00      |
| SURGICENTER                  | 0 | 0               |    | .00          | .00      | .000    | .00      |
| HEROIN DETOX CLINIC          | 0 | 0               |    | .00          | .00      | .000    | .00      |
| RURAL HEALTH CLINIC          | 0 | 0               |    | .00          | .00      | .000    | .00      |
| #CALIF DEPT OF HEALTH SERV   |   |                 |    |              |          |         |          |
| MOP024                       |   |                 |    |              |          |         |          |
| AMADOR COUNTY                |   |                 |    |              |          |         |          |

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

DISCONTIN

PAGE 756  
01/17/03

|                      | 00 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0            |       | 0                                   | \$ .00       | .00                          | .000                   | \$ .00           | .00                  |
| DURABLE MED. EQUIP.  | 0            |       | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK           | 0            |       | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                               |   |   |        |        |      |        |        |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| HEARING AID DISPENSERS        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL TRANSPORTATION        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| AMBULANCES/AIR TRANS          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OTHER TRANS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OTHER SERVICES                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ACUPUNCTURE                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ADULT DAY HEALTH CARE CTR     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| GENETIC DISEASE TESTING       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OCCUPATIONAL THERAPIST        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OPTICIAN                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PHYSICAL THERAPIST            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PORTABLE X-RAY                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETIST/ORTHOTISTS        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETICS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORTHOTICS                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PSYCHOLOGIST                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SPEECH AND AUDIOLOGY          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HOSPICE SERVICES              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| NONINST BIRTHING CENTERS      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LOCAL EDUCATION AGENCIES      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| EPSDT SUPPLEMENTAL SERVICE    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESPIRATORY CARE PRACT.       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PED SUBACUTE REHAB/WEANING    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER PROVIDERS           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @CALIF. CHILDREN SERVICES*    | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |          |
|----------------------------|---|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 757 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG                                     |          |

| 1,255 ELIGIBLES            | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |                 | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 1,184 | 46,312                              | \$ 3,804,517.84 | \$ 82.15                     | 36.902                 | \$ 3213.28       | \$ 3031.49           |
| @PHYSICIANS SERVICES       | 101   | 180                                 | \$ 4,008.60     | \$ 22.27                     | .143                   | \$ 39.69         | \$ 3.19              |
| OUTPATIENT VISITS          | 1     | 1                                   | 81.40           | 81.40                        | .001                   | 81.40            | .06                  |
| OFFICE VISITS              | 1     | 1                                   | 81.40           | 81.40                        | .001                   | 81.40            | .06                  |
| HOME VISITS                | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS           | 7     | 8                                   | 304.30          | 38.04                        | .006                   | 43.47            | .24                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 7     | 8                                   | 304.30          | 38.04                        | .006                   | 43.47            | .24                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |

|                            |     |       |               |          |       |           |           |
|----------------------------|-----|-------|---------------|----------|-------|-----------|-----------|
| OUTPATIENT SURGERY         | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| PRINCIPAL SURGEON          | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| ASSISTANT SURGEON          | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| ANESTHESIOLOGIST           | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| DIALYSIS                   | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| PATHOLOGY                  | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| RADIOLOGY                  | 1   | 2     | 17.10         | 8.55     | .002  | 17.10     | .01       |
| PSYCHIATRY                 | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| IMMUNIZATION AND INJECTION | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| OTHER SERVICES/ALL X-OVERS | 93  | 169   | 3,605.80      | 21.34    | .135  | 38.77     | 2.87      |
| @PHARMACY                  | 954 | 9,504 | \$ 310,862.31 | \$ 32.71 | 7.573 | \$ 325.85 | \$ 247.70 |
| PRESCRIPTION DRUGS         | 950 | 6,042 | 309,732.45    | 51.26    | 4.814 | 326.03    | 246.80    |
| SNF/ICF                    | 903 | 5,867 | 305,350.83    | 52.05    | 4.675 | 338.15    | 243.31    |
| OUTPATIENTS                | 55  | 175   | 4,381.62      | 25.04    | .139  | 79.67     | 3.49      |
| MEDICAL SUPPLIES           | 7   | 3,462 | 1,129.86      | .33      | 2.759 | 161.41    | .90       |
| @DENTIST                   | 68  | 166   | \$ 6,473.25   | \$ 39.00 | .132  | \$ 95.19  | \$ 5.16   |
| VISITS - DIAGNOSTIC        | 63  | 139   | 2,698.25      | 19.41    | .111  | 42.83     | 2.15      |
| ORAL SURGERY               | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| DRUGS                      | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| ANESTHESIA                 | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| PERIODONTICS               | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| ENDODONTICS                | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| RESTORATIVE DENTISTRY      | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| PROSTHETICS                | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| DENTURES, STAYPLATES       | 10  | 19    | 3,600.00      | 189.47   | .015  | 360.00    | 2.87      |
| SPACE MAINTAINERS          | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| MAXILLOFACIAL SERVICES     | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| FRACTURES, DISLOCATIONS    | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| ORTHODONTIC SERVICES       | 0   | 0     | .00           | .00      | .000  | .00       | .00       |
| ALL OTHER SERVICES         | 6   | 8     | 175.00        | 21.88    | .006  | 29.17     | .14       |

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

PAGE 758

01/17/03

## AMADOR COUNTY

## SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

| 1,255 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 17    | 34                                  | \$ 528.01    | \$ 15.53                     | .027                   | \$ 31.06         | \$ .42               |
| DIAGNOSTIC AND ANC. PROCED   | 6     | 6                                   | 48.06        | 8.01                         | .005                   | 8.01             | .04                  |
| EYE APPLIANCES               | 9     | 25                                  | 437.63       | 17.51                        | .020                   | 48.63            | .35                  |
| OTHER OPTOMETRIC SERVICES    | 3     | 3                                   | 42.32        | 14.11                        | .002                   | 14.11            | .03                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 187   | 191                                 | \$ 1,778.10  | \$ 9.31                      | .152                   | \$ 9.51          | \$ 1.42              |
| MEDICINE/INJECTIONS          | 1     | 1                                   | 21.40        | 21.40                        | .001                   | 21.40            | .02                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 186   | 190                                 | 1,756.70     | 9.25                         | .151                   | 9.44             | 1.40                 |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 2     | 2                                   | \$ 41.20     | \$ 20.60                     | .002                   | \$ 20.60         | \$ .03               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 22    | 130                                 | \$ 10,324.28 | \$ 79.42                     | .104                   | \$ 469.29        | \$ 8.23              |
| HOSP INPATIENT TOTAL         | 12    | 80                                  | 9,684.00     | 121.05                       | .064                   | 807.00           | 7.72                 |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 12    | 80                                  | 9,684.00     | 121.05                       | .064                   | 807.00           | 7.72                 |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 10    | 50                                  | 640.28       | 12.81                        | .040                   | 64.03            | .51                  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 6     | 24                                  | 310.94       | 12.96                        | .019                   | 51.82            | .25                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 4     | 26                                  | 329.34       | 12.67                        | .021                   | 82.34            | .26                  |
| @COUNTY HOSPITAL TOTAL       | 2     | 27                                  | \$ 1,624.00  | \$ 60.15                     | .022                   | \$ 812.00        | \$ 1.29              |
| CO HOSPITAL INPATIENT TOTAL  | 2     | 27                                  | 1,624.00     | 60.15                        | .022                   | 812.00           | 1.29                 |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 2     | 27                                  | 1,624.00     | 60.15                        | .022                   | 812.00           | 1.29                 |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CO HOSP OUTPATIENT TOTAL     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              | 1,255 ELIGIBLES | USERS  | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------------|-----------------|--------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |                 |        |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL    | 20              | 103    | \$                                  | 8,700.28     | \$ 84.47                     | .082                   | \$ 435.01        | \$ 6.93              |
| COMM HOSP INPATIENT TOTAL    | 10              | 53     |                                     | 8,060.00     | 152.08                       | .042                   | 806.00           | 6.42                 |
| HSC HOSPITALS                | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSTOVERS        | 10              | 53     |                                     | 8,060.00     | 152.08                       | .042                   | 806.00           | 6.42                 |
| ALL OTHER INPATIENT          | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 10              | 50     |                                     | 640.28       | 12.81                        | .040                   | 64.03            | .51                  |
| MEDICAL                      | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 6               | 24     |                                     | 310.94       | 12.96                        | .019                   | 51.82            | .25                  |
| RADIOLOGY                    | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSTOVERS/ALL OTH OUTPTNT  | 4               | 26     |                                     | 329.34       | 12.67                        | .021                   | 82.34            | .26                  |
| @STATE HOSPITAL              | 0               | 0      | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED            | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY            | 1,050           | 34,413 | \$                                  | 3,442,709.08 | \$ 100.04                    | 27.421                 | \$ 3278.77       | \$ 2743.19           |
| LEV A-INTERMEDIATE           | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD               | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 1               | 139    |                                     | 73,946.45    | 531.99                       | .111                   | 73946.45         | 58.92                |
| LEV B-TRANSITIONAL IP CARE   | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR                | 1,049           | 34,274 |                                     | 3,368,762.63 | 98.29                        | 27.310                 | 3211.40          | 2684.27              |
| @INTERMEDIATE CARE FACIL.-DD | 0               | 0      | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| ICF DDH                      | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DD                       | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DDN/DDCN                 | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 0               | 0      | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| HEMODIALYSIS CENTER          | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| @REHABILITATION FACILITY     | 0               | 0      | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| INDEPENDENT FACILITY         | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| @LABORATORY FACILITY         | 1               | 1      | \$                                  | 2.51         | \$ 2.51                      | .001                   | \$ 2.51          | \$ .00               |
| PATHOLOGY                    | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| XO AND OTHERS                | 1               | 1      |                                     | 2.51         | 2.51                         | .001                   | 2.51             | .00                  |
| @ORGANIZED OUTPATIENT CLINIC | 1               | 1      | \$                                  | 197.00       | \$ 197.00                    | .001                   | \$ 197.00        | \$ .16               |
| CLINIC                       | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| SURGICENTER                  | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| HEROIN DETOX CLINIC          | 0               | 0      |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| RURAL HEALTH CLINIC          | 1               | 1      |                                     | 197.00       | 197.00                       | .001                   | 197.00           | .16                  |



| 1,255 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                                |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS           | 109   | 1,690                               | \$ 27,593.50 | \$ 16.33                     | 1.347                  | \$ 253.15        | \$ 21.99             |
| DURABLE MED. EQUIP.            | 11    | 173                                 | 8,109.59     | 46.88                        | .138                   | 737.24           | 6.46                 |
| BLOOD BANK                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS         | 1     | 2                                   | 1,128.99     | 564.50                       | .002                   | 1128.99          | .90                  |
| MEDICAL TRANSPORTATION         | 48    | 417                                 | 3,229.61     | 7.74                         | .332                   | 67.28            | 2.57                 |
| AMBULANCES/AIR TRANS           | 1     | 2                                   | 110.71       | 55.36                        | .002                   | 110.71           | .09                  |
| OTHER TRANS                    | 12    | 145                                 | 544.95       | 3.76                         | .116                   | 45.41            | .43                  |
| OTHER SERVICES                 | 37    | 270                                 | 2,573.95     | 9.53                         | .215                   | 69.57            | 2.05                 |
| ACUPUNCTURE                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                       | 5     | 13                                  | 145.92       | 11.22                        | .010                   | 29.18            | .12                  |
| PHYSICAL THERAPIST             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS         | 1     | 3                                   | 7.53         | 2.51                         | .002                   | 7.53             | .01                  |
| PROSTHETICS                    | 1     | 3                                   | 7.53         | 2.51                         | .002                   | 7.53             | .01                  |
| ORTHOTICS                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHOLOGIST                   | 4     | 4                                   | 20.43        | 5.11                         | .003                   | 5.11             | .02                  |
| SPEECH AND AUDIOLOGY           | 1     | 1                                   | 33.03        | 33.03                        | .001                   | 33.03            | .03                  |
| HOSPICE SERVICES               | 8     | 134                                 | 13,594.96    | 101.45                       | .107                   | 1699.37          | 10.83                |
| NONINST BIRTHING CENTERS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER PROVIDERS            | 37    | 943                                 | 1,323.44     | 1.40                         | .751                   | 35.77            | 1.05                 |
| @CALIF. CHILDREN SERVICES*     | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @XOVER EXCLUDING STATE HOSP**  | 391   | 4,904                               | \$ 72,698.80 | \$ 14.82                     | 3.908                  | \$ 185.93        | \$ 57.93             |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024 FEE-FOR-SERVICE/DENTAL  
AMADOR COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

PAGE 761  
01/17/03

| 2,272 ELIGIBLES           | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|---------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
|                           |       |                                     |                 | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS     | 2,033 | 51,690                              | \$ 3,993,937.23 | \$ 77.27                     | 22.751                 | \$ 1964.55       | \$ 1757.89           |
| @PHYSICIANS SERVICES      | 263   | 815                                 | \$ 13,950.38    | \$ 17.12                     | .359                   | \$ 53.04         | \$ 6.14              |
| OUTPATIENT VISITS         | 3     | 3                                   | 142.90          | 47.63                        | .001                   | 47.63            | .06                  |
| OFFICE VISITS             | 3     | 3                                   | 142.90          | 47.63                        | .001                   | 47.63            | .06                  |
| HOME VISITS               | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM            | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE           | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI     | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT          | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS          | 2     | 10                                  | 377.71          | 37.77                        | .004                   | 188.86           | .17                  |
| HOSPITAL VISITS           | 2     | 10                                  | 377.71          | 37.77                        | .004                   | 188.86           | .17                  |
| CRITICAL CARE             | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE     | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |

|                            |       |        |    |            |          |       |           |           |
|----------------------------|-------|--------|----|------------|----------|-------|-----------|-----------|
| EXAMINATIONS               | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| SERVICES AND MATERIALS     | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| INPATIENT HOSPITAL SURGERY | 1     | 1      |    | 236.41     | 236.41   | .000  | 236.41    | .10       |
| PRINCIPAL SURGEON          | 1     | 1      |    | 236.41     | 236.41   | .000  | 236.41    | .10       |
| ASSISTANT SURGEON          | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| ANESTHESIOLOGIST           | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| OUTPATIENT SURGERY         | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| PRINCIPAL SURGEON          | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| ASSISTANT SURGEON          | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| ANESTHESIOLOGIST           | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| DIALYSIS                   | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| PATHOLOGY                  | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| RADIOLOGY                  | 2     | 6      |    | 242.25     | 40.38    | .003  | 121.13    | .11       |
| PSYCHIATRY                 | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| IMMUNIZATION AND INJECTION | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| OTHER SERVICES/ALL X-OVERS | 260   | 795    |    | 12,951.11  | 16.29    | .350  | 49.81     | 5.70      |
| @PHARMACY                  | 1,650 | 12,033 | \$ | 453,977.45 | \$ 37.73 | 5.296 | \$ 275.14 | \$ 199.81 |
| PRESCRIPTION DRUGS         | 1,645 | 8,540  |    | 451,517.73 | 52.87    | 3.759 | 274.48    | 198.73    |
| SNF/ICF                    | 890   | 5,567  |    | 293,042.84 | 52.64    | 2.450 | 329.26    | 128.98    |
| OUTPATIENTS                | 764   | 2,973  |    | 158,474.89 | 53.30    | 1.309 | 207.43    | 69.75     |
| MEDICAL SUPPLIES           | 21    | 3,493  |    | 2,459.72   | .70      | 1.537 | 117.13    | 1.08      |
| @DENTIST                   | 119   | 370    | \$ | 21,424.25  | \$ 57.90 | .163  | \$ 180.04 | \$ 9.43   |
| VISITS - DIAGNOSTIC        | 90    | 236    |    | 4,059.25   | 17.20    | .104  | 45.10     | 1.79      |
| ORAL SURGERY               | 9     | 46     |    | 2,732.00   | 59.39    | .020  | 303.56    | 1.20      |
| DRUGS                      | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| ANESTHESIA                 | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| PERIODONTICS               | 1     | 1      |    | 200.00     | 200.00   | .000  | 200.00    | .09       |
| ENDODONTICS                | 3     | 3      |    | 735.00     | 245.00   | .001  | 245.00    | .32       |
| RESTORATIVE DENTISTRY      | 12    | 27     |    | 2,998.00   | 111.04   | .012  | 249.83    | 1.32      |
| PROSTHETICS                | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| DENTURES, STAYPLATES       | 26    | 51     |    | 10,575.00  | 207.35   | .022  | 406.73    | 4.65      |
| SPACE MAINTAINERS          | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| MAXILLOFACIAL SERVICES     | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| FRACTURES, DISLOCATIONS    | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| ORTHODONTIC SERVICES       | 0     | 0      |    | .00        | .00      | .000  | .00       | .00       |
| ALL OTHER SERVICES         | 5     | 6      |    | 125.00     | 20.83    | .003  | 25.00     | .06       |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 762  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

|                            | 2,272 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST               | 60              | 120   | \$                                  | 3,112.07     | \$ 25.93                     | .053                   | \$ 51.87         | \$ 1.37              |
| DIAGNOSTIC AND ANC. PROCED | 21              | 21    |                                     | 402.50       | 19.17                        | .009                   | 19.17            | .18                  |
| EYE APPLIANCES             | 36              | 89    |                                     | 2,454.53     | 27.58                        | .039                   | 68.18            | 1.08                 |
| OTHER OPTOMETRIC SERVICES  | 8               | 10    |                                     | 255.04       | 25.50                        | .004                   | 31.88            | .11                  |
| @CHIROPRACTOR              | 0               | 0     | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                     | 0               | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES             | 0               | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                | 199             | 207   | \$                                  | 1,816.27     | \$ 8.77                      | .091                   | \$ 9.13          | \$ .80               |
| MEDICINE/INJECTIONS        | 0               | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.              | 0               | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY           | 0               | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                      | 199             | 207   |                                     | 1,816.27     | 8.77                         | .091                   | 9.13             | .80                  |
| @HOME HEALTH AGENCY        | 0               | 0     | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST          | 1               | 2     | \$                                  | 20.76        | \$ 10.38                     | .001                   | \$ 20.76         | \$ .01               |

----- MONTHLY AVERAGE -----

|                              |    |     |    |           |    |        |      |    |        |    |      |
|------------------------------|----|-----|----|-----------|----|--------|------|----|--------|----|------|
| NURSE MIDWIFE                | 0  | 0   | \$ | .00       | \$ | .00    | .000 | \$ | .00    | \$ | .00  |
| PEDIATRIC NURSE PRACTITIONER | 2  | 2   | \$ | 41.20     | \$ | 20.60  | .001 | \$ | 20.60  | \$ | .02  |
| FAMILY NURSE PRACTITIONER    | 0  | 0   | \$ | .00       | \$ | .00    | .000 | \$ | .00    | \$ | .00  |
| @TOTAL HOSPITAL              | 53 | 274 | \$ | 20,414.98 | \$ | 74.51  | .121 | \$ | 385.19 | \$ | 8.99 |
| HOSP INPATIENT TOTAL         | 25 | 133 |    | 17,643.51 |    | 132.66 | .059 |    | 705.74 |    | 7.77 |
| HSC HOSPITALS                | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| NON-HSC HOSPITAL TOTAL       | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| ACCOMMODATIONS               | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| ADMINISTRATIVE DAYS          | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| TRANSITIONAL IP CARE         | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| ALL OTHER ACCOM              | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| ANCILLARIES                  | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| INPATIENT CROSSOVERS         | 25 | 133 |    | 17,643.51 |    | 132.66 | .059 |    | 705.74 |    | 7.77 |
| ALL OTHER INPATIENT          | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| HOSP OUTPATIENT TOTAL        | 28 | 141 |    | 2,771.47  |    | 19.66  | .062 |    | 98.98  |    | 1.22 |
| MEDICAL                      | 2  | 2   |    | 78.29     |    | 39.15  | .001 |    | 39.15  |    | .03  |
| SURGERY                      | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| PATHOLOGY                    | 3  | 15  |    | 200.85    |    | 13.39  | .007 |    | 66.95  |    | .09  |
| RADIOLOGY                    | 4  | 7   |    | 744.36    |    | 106.34 | .003 |    | 186.09 |    | .33  |
| ROOM USE                     | 1  | 1   |    | 32.31     |    | 32.31  | .000 |    | 32.31  |    | .01  |
| CROSSOVERS/ALL OTH OUTPTNT   | 23 | 116 |    | 1,715.66  |    | 14.79  | .051 |    | 74.59  |    | .76  |
| @COUNTY HOSPITAL TOTAL       | 2  | 27  | \$ | 1,645.28  | \$ | 60.94  | .012 | \$ | 822.64 | \$ | .72  |
| CO HOSPITAL INPATIENT TOTAL  | 2  | 27  |    | 1,624.00  |    | 60.15  | .012 |    | 812.00 |    | .71  |
| HSC HOSPITALS                | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| NON-HSC HOSPITALS TOTAL      | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| ACCOMMODATIONS               | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| ADMINISTRATIVE DAYS          | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| TRANSITIONAL IP CARE         | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| ALL OTHER ACCOM              | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| ANCILLARIES                  | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |
| INPATIENT CROSSOVERS         | 2  | 27  |    | 1,624.00  |    | 60.15  | .012 |    | 812.00 |    | .71  |
| ALL OTHER INPATIENT          | 0  | 0   |    | .00       |    | .00    | .000 |    | .00    |    | .00  |

|                            |   |   |       |     |      |     |     |
|----------------------------|---|---|-------|-----|------|-----|-----|
| CO HOSP OUTPATIENT TOTAL   | 0 | 0 | 21.28 | .00 | .000 | .00 | .01 |
| MEDICAL                    | 0 | 0 | .00   | .00 | .000 | .00 | .00 |
| SURGERY                    | 0 | 0 | .00   | .00 | .000 | .00 | .00 |
| PATHOLOGY                  | 0 | 0 | .00   | .00 | .000 | .00 | .00 |
| RADIOLOGY                  | 0 | 0 | .00   | .00 | .000 | .00 | .00 |
| ROOM USE                   | 0 | 0 | .00   | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | 21.28 | .00 | .000 | .00 | .01 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      763  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR    39 MEDICALLY NEEDY - AGED

|                              | 2,272 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-----------------|-------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL    | 51              |       | 247                                 | \$ 18,769.70    | \$ 75.99                     | .109                                      | \$ 368.03        | \$ 8.26              |
| COMM HOSP INPATIENT TOTAL    | 23              |       | 106                                 | 16,019.51       | 151.13                       | .047                                      | 696.50           | 7.05                 |
| HSC HOSPITALS                | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| ACCOMMODATIONS               | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER ACCOM              | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| ANCILLARIES                  | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| INPATIENT CROSSOVERS         | 23              |       | 106                                 | 16,019.51       | 151.13                       | .047                                      | 696.50           | 7.05                 |
| ALL OTHER INPATIENT          | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 28              |       | 141                                 | 2,750.19        | 19.50                        | .062                                      | 98.22            | 1.21                 |
| MEDICAL                      | 2               |       | 2                                   | 78.29           | 39.15                        | .001                                      | 39.15            | .03                  |
| SURGERY                      | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| PATHOLOGY                    | 3               |       | 15                                  | 200.85          | 13.39                        | .007                                      | 66.95            | .09                  |
| RADIOLOGY                    | 4               |       | 7                                   | 744.36          | 106.34                       | .003                                      | 186.09           | .33                  |
| ROOM USE                     | 1               |       | 1                                   | 32.31           | 32.31                        | .000                                      | 32.31            | .01                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 23              |       | 116                                 | 1,694.38        | 14.61                        | .051                                      | 73.67            | .75                  |
| @STATE HOSPITAL              | 0               |       | 0                                   | \$ .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| DEVELOP. DISABLED            | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| @NURSING FACILITY            | 1,039           |       | 33,840                              | \$ 3,422,481.03 | \$ 101.14                    | 14.894                                    | \$ 3294.01       | \$ 1506.37           |
| LEV A-INTERMEDIATE           | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| LEV B-REHAB MD               | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 1               |       | 139                                 | 73,946.45       | 531.99                       | .061                                      | 73946.45         | 32.55                |
| LEV B-TRANSITIONAL IP CARE   | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| LEV B-REGULAR                | 1,038           |       | 33,701                              | 3,348,534.58    | 99.36                        | 14.833                                    | 3225.95          | 1473.83              |
| @INTERMEDIATE CARE FACIL.-DD | 0               |       | 0                                   | \$ .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| ICF DDH                      | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| ICF DD                       | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| ICF DDN/DDCN                 | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 0               |       | 0                                   | \$ .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| HEMODIALYSIS CENTER          | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| @REHABILITATION FACILITY     | 0               |       | 0                                   | \$ .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| INDEPENDENT FACILITY         | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |
| @LABORATORY FACILITY         | 6               |       | 9                                   | \$ 164.24       | \$ 18.25                     | .004                                      | \$ 27.37         | \$ .07               |
| PATHOLOGY                    | 1               |       | 1                                   | 28.00           | 28.00                        | .000                                      | 28.00            | .01                  |
| XO AND OTHERS                | 5               |       | 8                                   | 136.24          | 17.03                        | .004                                      | 27.25            | .06                  |
| @ORGANIZED OUTPATIENT CLINIC | 115             |       | 161                                 | \$ 11,208.32    | \$ 69.62                     | .071                                      | \$ 97.46         | \$ 4.93              |
| CLINIC                       | 0               |       | 0                                   | .00             | .00                          | .000                                      | .00              | .00                  |

|                     |     |     |           |        |      |        |      |
|---------------------|-----|-----|-----------|--------|------|--------|------|
| SURGICENTER         | 2   | 2   | 399.76    | 199.88 | .001 | 199.88 | .18  |
| HEROIN DETOX CLINIC | 0   | 0   | .00       | .00    | .000 | .00    | .00  |
| RURAL HEALTH CLINIC | 113 | 159 | 10,808.56 | 67.98  | .070 | 95.65  | 4.76 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      764  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR    39 MEDICALLY NEEDY - AGED

|                                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|--------------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| 2,272 ELIGIBLES                |       |                                     |               |                              |   |                  |                      |
| @ALL OTHER PROVIDERS           | 244   | 3,857                               | \$ 45,326.28  | \$ 11.75                     | 1.698                                     | \$ 185.76        | \$ 19.95             |
| DURABLE MED. EQUIP.            | 9     | 133                                 | 3,926.48      | 29.52                        | .059                                      | 436.28           | 1.73                 |
| BLOOD BANK                     | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| HEARING AID DISPENSERS         | 3     | 5                                   | 2,279.12      | 455.82                       | .002                                      | 759.71           | 1.00                 |
| MEDICAL TRANSPORTATION         | 84    | 1,034                               | 6,607.07      | 6.39                         | .455                                      | 78.66            | 2.91                 |
| AMBULANCES/AIR TRANS           | 1     | 2                                   | 110.71        | 55.36                        | .001                                      | 110.71           | .05                  |
| OTHER TRANS                    | 11    | 140                                 | 512.73        | 3.66                         | .062                                      | 46.61            | .23                  |
| OTHER SERVICES                 | 74    | 892                                 | 5,983.63      | 6.71                         | .393                                      | 80.86            | 2.63                 |
| ACUPUNCTURE                    | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| GENETIC DISEASE TESTING        | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 19    | 72                                  | 5,681.84      | 78.91                        | .032                                      | 299.04           | 2.50                 |
| OCCUPATIONAL THERAPIST         | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| OPTICIAN                       | 30    | 70                                  | 770.05        | 11.00                        | .031                                      | 25.67            | .34                  |
| PHYSICAL THERAPIST             | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| PORTABLE X-RAY                 | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS         | 3     | 8                                   | 81.65         | 10.21                        | .004                                      | 27.22            | .04                  |
| PROSTHETICS                    | 2     | 7                                   | 22.96         | 3.28                         | .003                                      | 11.48            | .01                  |
| ORTHOTICS                      | 1     | 1                                   | 58.69         | 58.69                        | .000                                      | 58.69            | .03                  |
| PSYCHOLOGIST                   | 8     | 9                                   | 50.83         | 5.65                         | .004                                      | 6.35             | .02                  |
| SPEECH AND AUDIOLOGY           | 5     | 9                                   | 932.07        | 103.56                       | .004                                      | 186.41           | .41                  |
| HOSPICE SERVICES               | 11    | 195                                 | 20,103.76     | 103.10                       | .086                                      | 1827.61          | 8.85                 |
| NONINST BIRTHING CENTERS       | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| LOCAL EDUCATION AGENCIES       | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| RESPIRATORY CARE PRACT.        | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER PROVIDERS            | 90    | 2,322                               | 4,893.41      | 2.11                         | 1.022                                     | 54.37            | 2.15                 |
| @CALIF. CHILDREN SERVICES*     | 0     | 0                                   | \$ .00        | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| @XOVER EXCLUDING STATE HOSP**  | 645   | 6,431                               | \$ 108,650.07 | \$ 16.89                     | 2.831                                     | \$ 168.45        | \$ 47.82             |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |      |          |
|----------------------------|---|------|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE | 765      |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |      | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR    40 MEDICALLY NEEDY - BLIND                                 |      |          |

|                       | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| 02 ELIGIBLES          |       |                                     |              |                              |   |                  |                      |
| @TOTAL, ALL PROVIDERS | 3     | 53                                  | \$ 1,009.21  | \$ 19.04                     | 26.500                                    | \$ 336.40        | \$ 504.61            |
| @PHYSICIANS SERVICES  | 2     | 12                                  | \$ 335.30    | \$ 27.94                     | 6.000                                     | \$ 167.65        | \$ 167.65            |
| OUTPATIENT VISITS     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OFFICE VISITS         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HOME VISITS           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EMERGENCY ROOM        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PREVENTIVE CARE       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OB VISITS/COMPRE PERI | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

|                            |   |    |    |        |    |       |  |        |    |        |    |        |
|----------------------------|---|----|----|--------|----|-------|--|--------|----|--------|----|--------|
| OTHER OUTPATIENT           | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| INPATIENT VISITS           | 1 | 9  |    | 278.40 |    | 30.93 |  | 4.500  |    | 278.40 |    | 139.20 |
| HOSPITAL VISITS            | 1 | 9  |    | 278.40 |    | 30.93 |  | 4.500  |    | 278.40 |    | 139.20 |
| CRITICAL CARE              | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| SNF/ICF/TRANS IP CARE      | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| OPHTHALMOLOGICAL SERVICES  | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| EXAMINATIONS               | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| SERVICES AND MATERIALS     | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| INPATIENT HOSPITAL SURGERY | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| PRINCIPAL SURGEON          | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| ASSISTANT SURGEON          | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| ANESTHESIOLOGIST           | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| OUTPATIENT SURGERY         | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| PRINCIPAL SURGEON          | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| ASSISTANT SURGEON          | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| ANESTHESIOLOGIST           | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| DIALYSIS                   | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| PATHOLOGY                  | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| RADIOLOGY                  | 1 | 1  |    | 8.48   |    | 8.48  |  | .500   |    | 8.48   |    | 4.24   |
| PSYCHIATRY                 | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| IMMUNIZATION AND INJECTION | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| OTHER SERVICES/ALL X-OVERS | 2 | 2  |    | 48.42  |    | 24.21 |  | 1.000  |    | 24.21  |    | 24.21  |
| @PHARMACY                  | 3 | 23 | \$ | 287.08 | \$ | 12.48 |  | 11.500 | \$ | 95.69  | \$ | 143.54 |
| PRESCRIPTION DRUGS         | 2 | 3  |    | 86.68  |    | 28.89 |  | 1.500  |    | 43.34  |    | 43.34  |
| SNF/ICF                    | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| OUTPATIENTS                | 2 | 3  |    | 86.68  |    | 28.89 |  | 1.500  |    | 43.34  |    | 43.34  |
| MEDICAL SUPPLIES           | 2 | 20 |    | 200.40 |    | 10.02 |  | 10.000 |    | 100.20 |    | 100.20 |
| @DENTIST                   | 0 | 0  | \$ | .00    | \$ | .00   |  | .000   | \$ | .00    | \$ | .00    |
| VISITS - DIAGNOSTIC        | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| ORAL SURGERY               | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| DRUGS                      | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| ANESTHESIA                 | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| PERIODONTICS               | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| ENDODONTICS                | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| RESTORATIVE DENTISTRY      | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| PROSTHETICS                | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| DENTURES, STAYPLATES       | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| SPACE MAINTAINERS          | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| MAXILLOFACIAL SERVICES     | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| FRACTURES, DISLOCATIONS    | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| ORTHODONTIC SERVICES       | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |
| ALL OTHER SERVICES         | 0 | 0  |    | .00    |    | .00   |  | .000   |    | .00    |    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 766  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

| 02 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST               | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EYE APPLIANCES             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @CHIROPRACTOR              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| VISITS                     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @PODIATRIST                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |

|                              |   |    |    |        |    |       |       |           |           |
|------------------------------|---|----|----|--------|----|-------|-------|-----------|-----------|
| MEDICINE/INJECTIONS          | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| SURGERY/ANES.                | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| RADIO./PATHOLOGY             | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| OTHER                        | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| @HOME HEALTH AGENCY          | 0 | 0  | \$ | .00    | \$ | .00   | .000  | \$ .00    | \$ .00    |
| NURSE ANESTHESIST            | 0 | 0  | \$ | .00    | \$ | .00   | .000  | \$ .00    | \$ .00    |
| NURSE MIDWIFE                | 0 | 0  | \$ | .00    | \$ | .00   | .000  | \$ .00    | \$ .00    |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0  | \$ | .00    | \$ | .00   | .000  | \$ .00    | \$ .00    |
| FAMILY NURSE PRACTITIONER    | 0 | 0  | \$ | .00    | \$ | .00   | .000  | \$ .00    | \$ .00    |
| @TOTAL HOSPITAL              | 2 | 18 | \$ | 386.83 | \$ | 21.49 | 9.000 | \$ 193.42 | \$ 193.42 |
| HOSP INPATIENT TOTAL         | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| HSC HOSPITALS                | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| NON-HSC HOSPITAL TOTAL       | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| ACCOMMODATIONS               | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| ADMINISTRATIVE DAYS          | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| TRANSITIONAL IP CARE         | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| ALL OTHER ACCOM              | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| ANCILLARIES                  | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| INPATIENT CROSSOVERS         | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| ALL OTHER INPATIENT          | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| HOSP OUTPATIENT TOTAL        | 2 | 18 |    | 386.83 |    | 21.49 | 9.000 | 193.42    | 193.42    |
| MEDICAL                      | 1 | 2  |    | 159.37 |    | 79.69 | 1.000 | 159.37    | 79.69     |
| SURGERY                      | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| PATHOLOGY                    | 2 | 13 |    | 141.00 |    | 10.85 | 6.500 | 70.50     | 70.50     |
| RADIOLOGY                    | 1 | 1  |    | 21.91  |    | 21.91 | .500  | 21.91     | 10.96     |
| ROOM USE                     | 1 | 1  |    | 48.15  |    | 48.15 | .500  | 48.15     | 24.08     |
| CROSSOVERS/ALL OTH OUTPTNT   | 1 | 1  |    | 16.40  |    | 16.40 | .500  | 16.40     | 8.20      |
| @COUNTY HOSPITAL TOTAL       | 0 | 0  | \$ | .00    | \$ | .00   | .000  | \$ .00    | \$ .00    |
| CO HOSPITAL INPATIENT TOTAL  | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| HSC HOSPITALS                | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| NON-HSC HOSPITALS TOTAL      | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| ACCOMMODATIONS               | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| ADMINISTRATIVE DAYS          | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| TRANSITIONAL IP CARE         | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| ALL OTHER ACCOM              | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| ANCILLARIES                  | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| INPATIENT CROSSOVERS         | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| ALL OTHER INPATIENT          | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| CO HOSP OUTPATIENT TOTAL     | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| MEDICAL                      | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| SURGERY                      | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| PATHOLOGY                    | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| RADIOLOGY                    | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| ROOM USE                     | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |
| CROSSOVERS/ALL OTH OUTPTNT   | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00       |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 767  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

|                           | 02 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 2            |       | 18                                  | \$ 386.83    | \$ 21.49                     | 9.000                  | \$ 193.42        | \$ 193.42            |
| COMM HOSP INPATIENT TOTAL | 0            |       | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS             | 0            |       | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL   | 0            |       | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS            | 0            |       | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |   |    |        |        |       |        |        |
|------------------------------|---|----|--------|--------|-------|--------|--------|
| ADMINISTRATIVE DAYS          | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| TRANSITIONAL IP CARE         | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ALL OTHER ACCOM              | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ANCILLARIES                  | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| INPATIENT CROSSOVERS         | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ALL OTHER INPATIENT          | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| COMM HOSP OUTPATIENT TOTAL   | 2 | 18 | 386.83 | 21.49  | 9.000 | 193.42 | 193.42 |
| MEDICAL                      | 1 | 2  | 159.37 | 79.69  | 1.000 | 159.37 | 79.69  |
| SURGERY                      | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| PATHOLOGY                    | 2 | 13 | 141.00 | 10.85  | 6.500 | 70.50  | 70.50  |
| RADIOLOGY                    | 1 | 1  | 21.91  | 21.91  | .500  | 21.91  | 10.96  |
| ROOM USE                     | 1 | 1  | 48.15  | 48.15  | .500  | 48.15  | 24.08  |
| CROSSOVERS/ALL OTH OUTPTNT   | 1 | 1  | 16.40  | 16.40  | .500  | 16.40  | 8.20   |
| @STATE HOSPITAL              | 0 | 0  | \$ .00 | \$ .00 | .000  | \$ .00 | \$ .00 |
| MENTALLY ILL                 | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| DEVELOP. DISABLED            | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| @NURSING FACILITY            | 0 | 0  | \$ .00 | \$ .00 | .000  | \$ .00 | \$ .00 |
| LEV A-INTERMEDIATE           | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| LEV B-REHAB MD               | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| LEV B-SUBACUTE FREESTANDING  | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| LEV B-SUBACUTE HSPTL BASED   | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| LEV B-TRANSITIONAL IP CARE   | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| LEV B-REGULAR                | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0  | \$ .00 | \$ .00 | .000  | \$ .00 | \$ .00 |
| ICF DDH                      | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ICF DD                       | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| ICF DDN/DDCN                 | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| @HEMODIALYSIS TOTAL          | 0 | 0  | \$ .00 | \$ .00 | .000  | \$ .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| HEMODIALYSIS CENTER          | 0 | 0  | .00    | .00    | .000  | .00    | .00    |
| @REHABILITATION FACILITY     | 0 | 0  | \$ .00 | \$ .00 | .000  | \$ .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0  | .00    | .00    | .000  | .00    | .00    |



|                              |   |   |    |     |     |      |     |     |
|------------------------------|---|---|----|-----|-----|------|-----|-----|
| INDEPENDENT FACILITY         | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY         | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| PATHOLOGY                    | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS                | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| CLINIC                       | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER                  | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 768  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

| 02 ELIGIBLES                  | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| BLOOD BANK                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HEARING AID DISPENSERS        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| MEDICAL TRANSPORTATION        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| AMBULANCES/AIR TRANS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER TRANS                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACUPUNCTURE                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| GENETIC DISEASE TESTING       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OPTICIAN                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PHYSICAL THERAPIST            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PORTABLE X-RAY                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PROSTHETICS                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ORTHOTICS                     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PSYCHOLOGIST                  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SPEECH AND AUDIOLOGY          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HOSPICE SERVICES              | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NONINST BIRTHING CENTERS      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LOCAL EDUCATION AGENCIES      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RESPIRATORY CARE PRACT.       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER PROVIDERS           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @CALIF. CHILDREN SERVICES*    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| @XOVER EXCLUDING STATE HOSP** | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 769  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

| 1,097 ELIGIBLES       | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-----------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 977   | 19,637                              | \$ 655,002.42 | \$ 33.36                     | 17.901                                    | \$ 670.42        | \$ 597.09            |
| @PHYSICIANS SERVICES  | 216   | 923                                 | \$ 20,316.87  | \$ 22.01                     | .841                                      | \$ 94.06         | \$ 18.52             |

|                             |   |                  |              |              |            |          |           |           |
|-----------------------------|---|------------------|--------------|--------------|------------|----------|-----------|-----------|
| OUTPATIENT VISITS           | 52  | 77               |              | 3,289.80     | 42.72      | .070     | 63.27     | 3.00      |
| OFFICE VISITS               | 41  | 43               |              | 1,802.09     | 41.91      | .039     | 43.95     | 1.64      |
| HOME VISITS                 | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| EMERGENCY ROOM              | 9   | 15               |              | 978.19       | 65.21      | .014     | 108.69    | .89       |
| PREVENTIVE CARE             | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| OB VISITS/COMPRE PERI       | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| OTHER OUTPATIENT            | 11  | 19               |              | 509.52       | 26.82      | .017     | 46.32     | .46       |
| INPATIENT VISITS            | 17  | 40               |              | 1,835.73     | 45.89      | .036     | 107.98    | 1.67      |
| HOSPITAL VISITS             | 10  | 32               |              | 1,531.43     | 47.86      | .029     | 153.14    | 1.40      |
| CRITICAL CARE               | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| SNF/ICF/TRANS IP CARE       | 7   | 8                |              | 304.30       | 38.04      | .007     | 43.47     | .28       |
| OPHTHALMOLOGICAL SERVICES   | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| EXAMINATIONS                | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| SERVICES AND MATERIALS      | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| INPATIENT HOSPITAL SURGERY  | 7   | 185              |              | 1,787.03     | 9.66       | .169     | 255.29    | 1.63      |
| PRINCIPAL SURGEON           | 2   | 2                |              | 865.47       | 432.74     | .002     | 432.74    | .79       |
| ASSISTANT SURGEON           | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| ANESTHESIOLOGIST            | 5   | 183              |              | 921.56       | 5.04       | .167     | 184.31    | .84       |
| OUTPATIENT SURGERY          | 10  | 21               |              | 2,713.17     | 129.20     | .019     | 271.32    | 2.47      |
| PRINCIPAL SURGEON           | 8   | 11               |              | 2,319.91     | 210.90     | .010     | 289.99    | 2.11      |
| ASSISTANT SURGEON           | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| ANESTHESIOLOGIST            | 4   | 10               |              | 393.26       | 39.33      | .009     | 98.32     | .36       |
| DIALYSIS                    | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| PATHOLOGY                   | 5   | 13               |              | 930.46       | 71.57      | .012     | 186.09    | .85       |
| RADIOLOGY                   | 29  | 50               |              | 1,490.81     | 29.82      | .046     | 51.41     | 1.36      |
| PSYCHIATRY                  | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| IMMUNIZATION AND INJECTION  | 4   | 84               |              | 655.85       | 7.81       | .077     | 163.96    | .60       |
| OTHER SERVICES/ALL X-OVERS  | 150   | 453              |              | 7,614.02     | 16.81      | .413     | 50.76     | 6.94      |
| @PHARMACY                   | 828   | 6,048            | \$           | 325,587.23   | \$ 53.83   | 5.513    | \$ 393.22 | \$ 296.80 |
| PRESCRIPTION DRUGS          | 822   | 3,754            |              | 320,570.79   | 85.39      | 3.422    | 389.99    | 292.22    |
| SNF/ICF                     | 76  | 669              |              | 46,109.57    | 68.92      | .610     | 606.70    | 42.03     |
| OUTPATIENTS                 | 747   | 3,085            |              | 274,461.22   | 88.97      | 2.812    | 367.42    | 250.19    |
| MEDICAL SUPPLIES            | 56  | 2,294            |              | 5,016.44     | 2.19       | 2.091    | 89.58     | 4.57      |
| @DENTIST                    | 69  | 268              | \$           | 13,161.63    | \$ 49.11   | .244     | \$ 190.75 | \$ 12.00  |
| VISITS - DIAGNOSTIC         | 43  | 148              |              | 2,502.00     | 16.91      | .135     | 58.19     | 2.28      |
| ORAL SURGERY                | 10  | 33               |              | 1,466.00     | 44.42      | .030     | 146.60    | 1.34      |
| DRUGS                       | 1   | 1                |              | .00          | .00        | .001     | .00       | .00       |
| ANESTHESIA                  | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| PERIODONTICS                | 4   | 5                |              | 800.00       | 160.00     | .005     | 200.00    | .73       |
| ENDODONTICS                 | 3   | 5                |              | 1,210.00     | 242.00     | .005     | 403.33    | 1.10      |
| RESTORATIVE DENTISTRY       | 18  | 60               |              | 4,841.50     | 80.69      | .055     | 268.97    | 4.41      |
| PROSTHETICS                 | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| DENTURES, STAYPLATES        | 9   | 13               |              | 2,110.00     | 162.31     | .012     | 234.44    | 1.92      |
| SPACE MAINTAINERS           | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| MAXILLOFACIAL SERVICES      | 1   | 1                |              | 182.13       | 182.13     | .001     | 182.13    | .17       |
| FRACTURES, DISLOCATIONS     | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| ORTHODONTIC SERVICES        | 0   | 0                |              | .00          | .00        | .000     | .00       | .00       |
| ALL OTHER SERVICES          | 1   | 2                |              | 50.00        | 25.00      | .002     | 50.00     | .05       |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                  |              |              |            |          |           |           |
| MOP024                      | FEE-FOR-SERVICE/DENTAL  |                  |              |              |            |          |           |           |
| AMADOR COUNTY               | SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED                                 |                  |              |              |            |          |           |           |
| ----- MONTHLY AVERAGE ----- |   |                  |              |              |            |          |           |           |
| 1,097 ELIGIBLES             | USERS   | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER  |           |
|                             |   | OR DAYS OF CARE  |              | PER UNIT/DAY | PER ELIG   | USER     | ELIGIBLE  |           |
| @OPTOMETRIST                | 31  | 65 \$            | 1,388.10     | \$ 21.36     | .059       | \$ 44.78 | \$ 1.27   |           |
| DIAGNOSTIC AND ANC. PROCED  | 17  | 16               | 459.35       | 28.71        | .015       | 27.02    | .42       |           |

|                              |     |     |    |           |    |         |      |         |       |
|------------------------------|-----|-----|----|-----------|----|---------|------|---------|-------|
| EYE APPLIANCES               | 17  | 47  |    | 738.95    |    | 15.72   | .043 | 43.47   | .67   |
| OTHER OPTOMETRIC SERVICES    | 4   | 2   |    | 189.80    |    | 94.90   | .002 | 47.45   | .17   |
| @CHIROPRACTOR                | 0   | 0   | \$ | .00       | \$ | .00     | .000 | .00     | .00   |
| VISITS                       | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| OTHER SERVICES               | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| @PODIATRIST                  | 17  | 22  | \$ | 336.22    | \$ | 15.28   | .020 | 19.78   | .31   |
| MEDICINE/INJECTIONS          | 4   | 5   |    | 136.60    |    | 27.32   | .005 | 34.15   | .12   |
| SURGERY/ANES.                | 1   | 1   |    | 15.00     |    | 15.00   | .001 | 15.00   | .01   |
| RADIO./PATHOLOGY             | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| OTHER                        | 12  | 16  |    | 184.62    |    | 11.54   | .015 | 15.39   | .17   |
| @HOME HEALTH AGENCY          | 8   | 902 | \$ | 26,792.33 | \$ | 29.70   | .822 | 3349.04 | 24.42 |
| NURSE ANESTHESIST            | 3   | 30  | \$ | 86.81     | \$ | 2.89    | .027 | 28.94   | .08   |
| NURSE MIDWIFE                | 0   | 0   | \$ | .00       | \$ | .00     | .000 | .00     | .00   |
| PEDIATRIC NURSE PRACTITIONER | 0   | 0   | \$ | .00       | \$ | .00     | .000 | .00     | .00   |
| FAMILY NURSE PRACTITIONER    | 0   | 0   | \$ | .00       | \$ | .00     | .000 | .00     | .00   |
| @TOTAL HOSPITAL              | 126 | 921 | \$ | 50,128.21 | \$ | 54.43   | .840 | 397.84  | 45.70 |
| HOSP INPATIENT TOTAL         | 13  | 43  |    | 27,932.20 |    | 649.59  | .039 | 2148.63 | 25.46 |
| HSC HOSPITALS                | 2   | 5   |    | 7,716.00  |    | 1543.20 | .005 | 3858.00 | 7.03  |
| NON-HSC HOSPITAL TOTAL       | 3   | 10  |    | 14,081.52 |    | 1408.15 | .009 | 4693.84 | 12.84 |
| ACCOMMODATIONS               | 3   | 10  |    | 4,502.43  |    | 450.24  | .009 | 1500.81 | 4.10  |
| ADMINISTRATIVE DAYS          | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| TRANSITIONAL IP CARE         | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| ALL OTHER ACCOM              | 3   | 10  |    | 4,502.43  |    | 450.24  | .009 | 1500.81 | 4.10  |
| ANCILLARIES                  | 3   | 0   |    | 9,579.09  |    | .00     | .000 | 3193.03 | 8.73  |
| INPATIENT CROSSOVERS         | 8   | 28  |    | 6,134.68  |    | 219.10  | .026 | 766.84  | 5.59  |
| ALL OTHER INPATIENT          | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| HOSP OUTPATIENT TOTAL        | 118 | 878 |    | 22,196.01 |    | 25.28   | .800 | 188.10  | 20.23 |
| MEDICAL                      | 30  | 52  |    | 2,842.41  |    | 54.66   | .047 | 94.75   | 2.59  |
| SURGERY                      | 9   | 7   |    | 664.27    |    | 94.90   | .006 | 73.81   | .61   |
| PATHOLOGY                    | 62  | 341 |    | 3,527.31  |    | 10.34   | .311 | 56.89   | 3.22  |
| RADIOLOGY                    | 30  | 53  |    | 4,086.10  |    | 77.10   | .048 | 136.20  | 3.72  |
| ROOM USE                     | 37  | 66  |    | 3,642.21  |    | 55.19   | .060 | 98.44   | 3.32  |
| CROSSOVERS/ALL OTH OUTPTNT   | 57  | 359 |    | 7,433.71  |    | 20.71   | .327 | 130.42  | 6.78  |
| @COUNTY HOSPITAL TOTAL       | 0   | 0   | \$ | 36.33     | \$ | .00     | .000 | .00     | .03   |
| CO HOSPITAL INPATIENT TOTAL  | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| HSC HOSPITALS                | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| NON-HSC HOSPITALS TOTAL      | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| ACCOMMODATIONS               | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| ADMINISTRATIVE DAYS          | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| TRANSITIONAL IP CARE         | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| ALL OTHER ACCOM              | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| ANCILLARIES                  | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| INPATIENT CROSSOVERS         | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| ALL OTHER INPATIENT          | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| CO HOSP OUTPATIENT TOTAL     | 0   | 0   |    | 36.33     |    | .00     | .000 | .00     | .03   |
| MEDICAL                      | 0   | 0   |    | 24.92     |    | .00     | .000 | .00     | .02   |
| SURGERY                      | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| PATHOLOGY                    | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| RADIOLOGY                    | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |
| ROOM USE                     | 0   | 0   |    | 11.41     |    | .00     | .000 | .00     | .01   |
| CROSSOVERS/ALL OTH OUTPTNT   | 0   | 0   |    | .00       |    | .00     | .000 | .00     | .00   |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      771  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR      41 MEDICALLY NEEDY - DISABLED

----- MONTHLY AVERAGE -----  
1,097 ELIGIBLES      USERS      UNITS OF SERVICE      EXPENDITURES      AVERAGE COST      UNITS/DAYS      COST PER      COST PER

|                              |     | OR DAYS OF CARE |    |            | PER UNIT/DAY | PER ELIG | USER       | ELIGIBLE  |
|------------------------------|-----|-----------------|----|------------|--------------|----------|------------|-----------|
| @COMMUNITY HOSPITAL TOTAL    | 126 | 921             | \$ | 50,091.88  | \$ 54.39     | .840     | \$ 397.55  | \$ 45.66  |
| COMM HOSP INPATIENT TOTAL    | 13  | 43              |    | 27,932.20  | 649.59       | .039     | 2148.63    | 25.46     |
| HSC HOSPITALS                | 2   | 5               |    | 7,716.00   | 1543.20      | .005     | 3858.00    | 7.03      |
| NON-HSC HOSPITALS TOTAL      | 3   | 10              |    | 14,081.52  | 1408.15      | .009     | 4693.84    | 12.84     |
| ACCOMMODATIONS               | 3   | 10              |    | 4,502.43   | 450.24       | .009     | 1500.81    | 4.10      |
| ADMINISTRATIVE DAYS          | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| TRANSITIONAL IP CARE         | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| ALL OTHER ACCOM              | 3   | 10              |    | 4,502.43   | 450.24       | .009     | 1500.81    | 4.10      |
| ANCILLARIES                  | 3   | 0               |    | 9,579.09   | .00          | .000     | 3193.03    | 8.73      |
| INPATIENT CROSSOVERS         | 8   | 28              |    | 6,134.68   | 219.10       | .026     | 766.84     | 5.59      |
| ALL OTHER INPATIENT          | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| COMM HOSP OUTPATIENT TOTAL   | 118 | 878             |    | 22,159.68  | 25.24        | .800     | 187.79     | 20.20     |
| MEDICAL                      | 30  | 52              |    | 2,817.49   | 54.18        | .047     | 93.92      | 2.57      |
| SURGERY                      | 9   | 7               |    | 664.27     | 94.90        | .006     | 73.81      | .61       |
| PATHOLOGY                    | 62  | 341             |    | 3,527.31   | 10.34        | .311     | 56.89      | 3.22      |
| RADIOLOGY                    | 30  | 53              |    | 4,086.10   | 77.10        | .048     | 136.20     | 3.72      |
| ROOM USE                     | 37  | 66              |    | 3,630.80   | 55.01        | .060     | 98.13      | 3.31      |
| CROSSOVERS/ALL OTH OUTPTNT   | 57  | 359             |    | 7,433.71   | 20.71        | .327     | 130.42     | 6.78      |
| @STATE HOSPITAL              | 0   | 0               | \$ | .00        | \$ .00       | .000     | \$ .00     | \$ .00    |
| MENTALLY ILL                 | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| DEVELOP. DISABLED            | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| @NURSING FACILITY            | 64  | 1,882           | \$ | 180,400.23 | \$ 95.86     | 1.716    | \$ 2818.75 | \$ 164.45 |
| LEV A-INTERMEDIATE           | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| LEV B-REHAB MD               | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| LEV B-SUBACUTE FREESTANDING  | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| LEV B-REGULAR                | 64  | 1,882           |    | 180,400.23 | 95.86        | 1.716    | 2818.75    | 164.45    |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0               | \$ | .00        | \$ .00       | .000     | \$ .00     | \$ .00    |
| ICF DDH                      | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| ICF DD                       | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| ICF DDN/DDCN                 | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| @HEMODIALYSIS TOTAL          | 0   | 0               | \$ | .00        | \$ .00       | .000     | \$ .00     | \$ .00    |
| HOSPITAL BASED               | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| HEMODIALYSIS CENTER          | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| @REHABILITATION FACILITY     | 0   | 0               | \$ | .00        | \$ .00       | .000     | \$ .00     | \$ .00    |
| HOSPITAL BASED               | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| INDEPENDENT FACILITY         | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| @LABORATORY FACILITY         | 22  | 37              | \$ | 738.96     | \$ 19.97     | .034     | \$ 33.59   | \$ .67    |
| PATHOLOGY                    | 13  | 27              |    | 600.19     | 22.23        | .025     | 46.17      | .55       |
| XO AND OTHERS                | 9   | 10              |    | 138.77     | 13.88        | .009     | 15.42      | .13       |
| @ORGANIZED OUTPATIENT CLINIC | 151 | 245             | \$ | 21,829.61  | \$ 89.10     | .223     | \$ 144.57  | \$ 19.90  |
| CLINIC                       | 1   | 1               |    | 28.01      | 28.01        | .001     | 28.01      | .03       |
| SURGICENTER                  | 1   | 9               |    | 167.28     | 18.59        | .008     | 167.28     | .15       |
| HEROIN DETOX CLINIC          | 0   | 0               |    | .00        | .00          | .000     | .00        | .00       |
| RURAL HEALTH CLINIC          | 149 | 235             |    | 21,634.32  | 92.06        | .214     | 145.20     | 19.72     |
| #CALIF DEPT OF HEALTH SERV   |     |                 |    |            |              |          |            |           |
| MOP024                       |     |                 |    |            |              |          |            |           |
| AMADOR COUNTY                |     |                 |    |            |              |          |            |           |

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 772  
FEE-FOR-SERVICE/DENTAL 01/17/03  
SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

|                      | 1,097 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 113             |       | 8,294                               | \$ 14,236.22 | \$ 1.72                      | 7.561                  | \$ 125.98        | \$ 12.98             |
| DURABLE MED. EQUIP.  | 8               |       | 49                                  | 4,810.97     | 98.18                        | .045                   | 601.37           | 4.39                 |
| BLOOD BANK           | 0               |       | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                               |     |       |              |         |       |          |          |
|-------------------------------|-----|-------|--------------|---------|-------|----------|----------|
| HEARING AID DISPENSERS        | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| MEDICAL TRANSPORTATION        | 11  | 303   | 758.48       | 2.50    | .276  | 68.95    | .69      |
| AMBULANCES/AIR TRANS          | 1   | 3     | 144.15       | 48.05   | .003  | 144.15   | .13      |
| OTHER TRANS                   | 4   | 33    | 138.85       | 4.21    | .030  | 34.71    | .13      |
| OTHER SERVICES                | 7   | 267   | 475.48       | 1.78    | .243  | 67.93    | .43      |
| ACUPUNCTURE                   | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| ADULT DAY HEALTH CARE CTR     | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| GENETIC DISEASE TESTING       | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| OCCUPATIONAL THERAPIST        | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| OPTICIAN                      | 19  | 46    | 481.02       | 10.46   | .042  | 25.32    | .44      |
| PHYSICAL THERAPIST            | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| PORTABLE X-RAY                | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| PROSTHETIST/ORTHOTISTS        | 2   | 4     | 1,988.57     | 497.14  | .004  | 994.29   | 1.81     |
| PROSTHETICS                   | 2   | 3     | 1,929.61     | 643.20  | .003  | 964.81   | 1.76     |
| ORTHOTICS                     | 1   | 1     | 58.96        | 58.96   | .001  | 58.96    | .05      |
| PSYCHOLOGIST                  | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| SPEECH AND AUDIOLOGY          | 2   | 18    | 675.00       | 37.50   | .016  | 337.50   | .62      |
| HOSPICE SERVICES              | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| NONINST BIRTHING CENTERS      | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| LOCAL EDUCATION AGENCIES      | 8   | 370   | 1,537.81     | 4.16    | .337  | 192.23   | 1.40     |
| EPSDT SUPPLEMENTAL SERVICE    | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| RESPIRATORY CARE PRACT.       | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| PED SUBACUTE REHAB/WEANING    | 0   | 0     | .00          | .00     | .000  | .00      | .00      |
| ALL OTHER PROVIDERS           | 68  | 7,504 | 3,984.37     | .53     | 6.840 | 58.59    | 3.63     |
| @CALIF. CHILDREN SERVICES*    | 0   | 0     | \$ .00       | \$ .00  | .000  | \$ .00   | \$ .00   |
| @XOVER EXCLUDING STATE HOSP** | 214 | 2,875 | \$ 21,044.79 | \$ 7.32 | 2.621 | \$ 98.34 | \$ 19.18 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024      FEE-FOR-SERVICE/DENTAL

PAGE      773  
01/17/03

## AMADOR COUNTY

## SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

| 14,264 ELIGIBLES           | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE        |                  |                      |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |                 |                              | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 7,268 | 40,735                              | \$ 2,410,670.33 | \$ 59.18                     | 2.856                  | \$ 331.68        | \$ 169.00            |
| @PHYSICIANS SERVICES       | 2,300 | 7,121                               | \$ 301,462.60   | \$ 42.33                     | .499                   | \$ 131.07        | \$ 21.13             |
| OUTPATIENT VISITS          | 1,426 | 1,970                               | 70,523.57       | 35.80                        | .138                   | 49.46            | 4.94                 |
| OFFICE VISITS              | 1,212 | 1,572                               | 51,013.73       | 32.45                        | .110                   | 42.09            | 3.58                 |
| HOME VISITS                | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 79    | 85                                  | 4,260.36        | 50.12                        | .006                   | 53.93            | .30                  |
| PREVENTIVE CARE            | 4     | 4                                   | 159.93          | 39.98                        | .000                   | 39.98            | .01                  |
| OB VISITS/COMPRE PERI      | 121   | 261                                 | 13,722.93       | 52.58                        | .018                   | 113.41           | .96                  |
| OTHER OUTPATIENT           | 44    | 48                                  | 1,366.62        | 28.47                        | .003                   | 31.06            | .10                  |
| INPATIENT VISITS           | 125   | 483                                 | 39,535.92       | 81.85                        | .034                   | 316.29           | 2.77                 |
| HOSPITAL VISITS            | 112   | 248                                 | 11,349.83       | 45.77                        | .017                   | 101.34           | .80                  |
| CRITICAL CARE              | 22    | 235                                 | 28,186.09       | 119.94                       | .016                   | 1281.19          | 1.98                 |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 2     | 3                                   | 130.23          | 43.41                        | .000                   | 65.12            | .01                  |
| EXAMINATIONS               | 2     | 3                                   | 130.23          | 43.41                        | .000                   | 65.12            | .01                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 162   | 1,426                               | 70,564.25       | 49.48                        | .100                   | 435.58           | 4.95                 |
| PRINCIPAL SURGEON          | 94    | 108                                 | 53,517.47       | 495.53                       | .008                   | 569.33           | 3.75                 |
| ASSISTANT SURGEON          | 25    | 25                                  | 3,950.18        | 158.01                       | .002                   | 158.01           | .28                  |
| ANESTHESIOLOGIST           | 70    | 1,293                               | 13,096.60       | 10.13                        | .091                   | 187.09           | .92                  |
| OUTPATIENT SURGERY         | 260   | 839                                 | 54,978.92       | 65.53                        | .059                   | 211.46           | 3.85                 |
| PRINCIPAL SURGEON          | 207   | 271                                 | 42,635.94       | 157.33                       | .019                   | 205.97           | 2.99                 |
| ASSISTANT SURGEON          | 1     | 1                                   | 146.22          | 146.22                       | .000                   | 146.22           | .01                  |
| ANESTHESIOLOGIST           | 88    | 567                                 | 12,196.76       | 21.51                        | .040                   | 138.60           | .86                  |
| DIALYSIS                   | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 223   | 334                                 | 7,244.28        | 21.69                        | .023                   | 32.49            | .51                  |
| RADIOLOGY                  | 678   | 1,048                               | 28,182.60       | 26.89                        | .073                   | 41.57            | 1.98                 |
| PSYCHIATRY                 | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 63    | 139                                 | 5,359.54        | 38.56                        | .010                   | 85.07            | .38                  |
| OTHER SERVICES/ALL X-OVERS | 238   | 879                                 | 24,943.29       | 28.38                        | .062                   | 104.80           | 1.75                 |
| @PHARMACY                  | 3,832 | 9,110                               | \$ 469,368.51   | \$ 51.52                     | .639                   | \$ 122.49        | \$ 32.91             |
| PRESCRIPTION DRUGS         | 3,807 | 8,931                               | 462,392.91      | 51.77                        | .626                   | 121.46           | 32.42                |
| SNF/ICF                    | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| OUTPATIENTS                | 3,807 | 8,931                               | 462,392.91      | 51.77                        | .626                   | 121.46           | 32.42                |
| MEDICAL SUPPLIES           | 86    | 179                                 | 6,975.60        | 38.97                        | .013                   | 81.11            | .49                  |
| @DENTIST                   | 617   | 3,044                               | \$ 138,134.80   | \$ 45.38                     | .213                   | \$ 223.88        | \$ 9.68              |
| VISITS - DIAGNOSTIC        | 392   | 1,663                               | 25,608.20       | 15.40                        | .117                   | 65.33            | 1.80                 |
| ORAL SURGERY               | 82    | 227                                 | 14,415.60       | 63.50                        | .016                   | 175.80           | 1.01                 |
| DRUGS                      | 9     | 11                                  | 130.00          | 11.82                        | .001                   | 14.44            | .01                  |
| ANESTHESIA                 | 8     | 8                                   | 800.00          | 100.00                       | .001                   | 100.00           | .06                  |
| PERIODONTICS               | 21    | 21                                  | 3,155.00        | 150.24                       | .001                   | 150.24           | .22                  |
| ENDODONTICS                | 69    | 125                                 | 19,283.00       | 154.26                       | .009                   | 279.46           | 1.35                 |
| RESTORATIVE DENTISTRY      | 246   | 841                                 | 59,455.00       | 70.70                        | .059                   | 241.69           | 4.17                 |
| PROSTHETICS                | 2     | 2                                   | 60.00           | 30.00                        | .000                   | 30.00            | .00                  |
| DENTURES, STAYPLATES       | 22    | 96                                  | 9,734.00        | 101.40                       | .007                   | 442.45           | .68                  |
| SPACE MAINTAINERS          | 4     | 6                                   | 684.00          | 114.00                       | .000                   | 171.00           | .05                  |
| MAXILLOFACIAL SERVICES     | 4     | 5                                   | 300.00          | 60.00                        | .000                   | 75.00            | .02                  |
| FRACTURES, DISLOCATIONS    | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| ORTHODONTIC SERVICES       | 23    | 35                                  | 4,435.00        | 126.71                       | .002                   | 192.83           | .31                  |
| ALL OTHER SERVICES         | 3     | 4                                   | 75.00           | 18.75                        | .000                   | 25.00            | .01                  |

## AMADOR COUNTY

## SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

| 14,264 ELIGIBLES             | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |    | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|-----------------|------------------------------|-----------------------------|----|------------------|----------------------|
|                              |       |                                     |                 |                              | UNITS/DAYS<br>PER ELIG      |    |                  |                      |
| @OPTOMETRIST                 | 198   | 500                                 | \$ 12,509.11    | \$ 25.02                     | .035                        | \$ | 63.18            | \$ .88               |
| DIAGNOSTIC AND ANC. PROCED   | 147   | 148                                 | 6,865.58        | 46.39                        | .010                        |    | 46.70            | .48                  |
| EYE APPLIANCES               | 115   | 320                                 | 4,952.14        | 15.48                        | .022                        |    | 43.06            | .35                  |
| OTHER OPTOMETRIC SERVICES    | 30    | 32                                  | 691.39          | 21.61                        | .002                        |    | 23.05            | .05                  |
| @CHIROPRACTOR                | 20    | 32                                  | \$ 497.42       | \$ 15.54                     | .002                        | \$ | 24.87            | \$ .03               |
| VISITS                       | 20    | 32                                  | 497.42          | 15.54                        | .002                        |    | 24.87            | .03                  |
| OTHER SERVICES               | 0     | 0                                   | .00             | .00                          | .000                        |    | .00              | .00                  |
| @PODIATRIST                  | 17    | 25                                  | \$ 830.90       | \$ 33.24                     | .002                        | \$ | 48.88            | \$ .06               |
| MEDICINE/INJECTIONS          | 13    | 13                                  | 561.20          | 43.17                        | .001                        |    | 43.17            | .04                  |
| SURGERY/ANES.                | 5     | 10                                  | 235.10          | 23.51                        | .001                        |    | 47.02            | .02                  |
| RADIO./PATHOLOGY             | 2     | 2                                   | 34.60           | 17.30                        | .000                        |    | 17.30            | .00                  |
| OTHER                        | 0     | 0                                   | .00             | .00                          | .000                        |    | .00              | .00                  |
| @HOME HEALTH AGENCY          | 8     | 33                                  | \$ 2,105.05     | \$ 63.79                     | .002                        | \$ | 263.13           | \$ .15               |
| NURSE ANESTHESIST            | 0     | 0                                   | .00             | .00                          | .000                        | \$ | .00              | \$ .00               |
| NURSE MIDWIFE                | 3     | 18                                  | \$ 596.75       | \$ 33.15                     | .001                        | \$ | 198.92           | \$ .04               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00             | .00                          | .000                        | \$ | .00              | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 1     | 1                                   | \$ 75.17        | \$ 75.17                     | .000                        | \$ | 75.17            | \$ .01               |
| @TOTAL HOSPITAL              | 2,398 | 9,939                               | \$ 1,121,368.17 | \$ 112.83                    | .697                        | \$ | 467.63           | \$ 78.62             |
| HOSP INPATIENT TOTAL         | 127   | 684                                 | 836,040.15      | 1222.28                      | .048                        |    | 6582.99          | 58.61                |
| HSC HOSPITALS                | 39    | 343                                 | 418,017.22      | 1218.71                      | .024                        |    | 10718.39         | 29.31                |
| NON-HSC HOSPITAL TOTAL       | 85    | 325                                 | 415,143.45      | 1277.36                      | .023                        |    | 4884.04          | 29.10                |
| ACCOMMODATIONS               | 83    | 325                                 | 133,783.99      | 411.64                       | .023                        |    | 1611.86          | 9.38                 |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00             | .00                          | .000                        |    | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00             | .00                          | .000                        |    | .00              | .00                  |
| ALL OTHER ACCOM              | 83    | 325                                 | 133,783.99      | 411.64                       | .023                        |    | 1611.86          | 9.38                 |
| ANCILLARIES                  | 85    | 0                                   | 281,359.46      | .00                          | .000                        |    | 3310.11          | 19.73                |
| INPATIENT CROSSOVERS         | 4     | 16                                  | 2,879.48        | 179.97                       | .001                        |    | 719.87           | .20                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00             | .00                          | .000                        |    | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 2,326 | 9,255                               | 285,328.02      | 30.83                        | .649                        |    | 122.67           | 20.00                |
| MEDICAL                      | 1,176 | 1,525                               | 75,426.24       | 49.46                        | .107                        |    | 64.14            | 5.29                 |
| SURGERY                      | 106   | 109                                 | 6,968.94        | 63.94                        | .008                        |    | 65.74            | .49                  |
| PATHOLOGY                    | 934   | 3,651                               | 44,654.65       | 12.23                        | .256                        |    | 47.81            | 3.13                 |
| RADIOLOGY                    | 636   | 889                                 | 61,204.30       | 68.85                        | .062                        |    | 96.23            | 4.29                 |
| ROOM USE                     | 1,369 | 1,821                               | 77,159.71       | 42.37                        | .128                        |    | 56.36            | 5.41                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 623   | 1,260                               | 19,914.18       | 15.80                        | .088                        |    | 31.96            | 1.40                 |
| @COUNTY HOSPITAL TOTAL       | 14    | 37                                  | \$ 1,193.60     | \$ 32.26                     | .003                        | \$ | 85.26            | \$ .08               |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00             | .00                          | .000                        |    | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00             | .00                          | .000                        |    | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00             | .00                          | .000                        |    | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00             | .00                          | .000                        |    | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00             | .00                          | .000                        |    | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00             | .00                          | .000                        |    | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00             | .00                          | .000                        |    | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00             | .00                          | .000                        |    | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00             | .00                          | .000                        |    | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00             | .00                          | .000                        |    | .00              | .00                  |
| CO HOSP OUTPATIENT TOTAL     | 14    | 37                                  | 1,193.60        | 32.26                        | .003                        |    | 85.26            | .08                  |
| MEDICAL                      | 4     | 5                                   | 322.98          | 64.60                        | .000                        |    | 80.75            | .02                  |
| SURGERY                      | 2     | 2                                   | 30.33           | 15.17                        | .000                        |    | 15.17            | .00                  |
| PATHOLOGY                    | 5     | 16                                  | 247.03          | 15.44                        | .001                        |    | 49.41            | .02                  |
| RADIOLOGY                    | 6     | 8                                   | 206.85          | 25.86                        | .001                        |    | 34.48            | .01                  |
| ROOM USE                     | 4     | 5                                   | 321.59          | 64.32                        | .000                        |    | 80.40            | .02                  |

|                              | 14,264 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE        |                  | COST PER<br>ELIGIBLE |
|------------------------------|------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |                  |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG | COST PER<br>USER |                      |
| @COMMUNITY HOSPITAL TOTAL    | 2,389            | 9,902 | \$                                  | 1,120,174.57 | \$ 113.13                    | .694                   | \$ 468.89        | \$ 78.53             |
| COMM HOSP INPATIENT TOTAL    | 127              | 684   |                                     | 836,040.15   | 1222.28                      | .048                   | 6582.99          | 58.61                |
| HSC HOSPITALS                | 39               | 343   |                                     | 418,017.22   | 1218.71                      | .024                   | 10718.39         | 29.31                |
| NON-HSC HOSPITALS TOTAL      | 85               | 325   |                                     | 415,143.45   | 1277.36                      | .023                   | 4884.04          | 29.10                |
| ACCOMMODATIONS               | 83               | 325   |                                     | 133,783.99   | 411.64                       | .023                   | 1611.86          | 9.38                 |
| ADMINISTRATIVE DAYS          | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 83               | 325   |                                     | 133,783.99   | 411.64                       | .023                   | 1611.86          | 9.38                 |
| ANCILLARIES                  | 85               | 0     |                                     | 281,359.46   | .00                          | .000                   | 3310.11          | 19.73                |
| INPATIENT CROSSEOVERS        | 4                | 16    |                                     | 2,879.48     | 179.97                       | .001                   | 719.87           | .20                  |
| ALL OTHER INPATIENT          | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 2,317            | 9,218 |                                     | 284,134.42   | 30.82                        | .646                   | 122.63           | 19.92                |
| MEDICAL                      | 1,172            | 1,520 |                                     | 75,103.26    | 49.41                        | .107                   | 64.08            | 5.27                 |
| SURGERY                      | 104              | 107   |                                     | 6,938.61     | 64.85                        | .008                   | 66.72            | .49                  |
| PATHOLOGY                    | 929              | 3,635 |                                     | 44,407.62    | 12.22                        | .255                   | 47.80            | 3.11                 |
| RADIOLOGY                    | 632              | 881   |                                     | 60,997.45    | 69.24                        | .062                   | 96.51            | 4.28                 |
| ROOM USE                     | 1,367            | 1,816 |                                     | 76,838.12    | 42.31                        | .127                   | 56.21            | 5.39                 |
| CROSSEOVERS/ALL OTH OUTPTNT  | 622              | 1,259 |                                     | 19,849.36    | 15.77                        | .088                   | 31.91            | 1.39                 |
| @STATE HOSPITAL              | 0                | 0     | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED            | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY            | 0                | 0     | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD               | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR                | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0                | 0     | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| ICF DDH                      | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DD                       | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DDN/DDCN                 | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 0                | 0     | \$                                  | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| HEMODIALYSIS CENTER          | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| @REHABILITATION FACILITY     | 4                | 27    | \$                                  | 632.08       | \$ 23.41                     | .002                   | \$ 158.02        | \$ .04               |
| HOSPITAL BASED               | 4                | 27    |                                     | 632.08       | 23.41                        | .002                   | 158.02           | .04                  |
| INDEPENDENT FACILITY         | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| @LABORATORY FACILITY         | 359              | 867   | \$                                  | 15,961.54    | \$ 18.41                     | .061                   | \$ 44.46         | \$ 1.12              |
| PATHOLOGY                    | 358              | 865   |                                     | 15,901.29    | 18.38                        | .061                   | 44.42            | 1.11                 |
| XO AND OTHERS                | 1                | 2     |                                     | 60.25        | 30.13                        | .000                   | 60.25            | .00                  |
| @ORGANIZED OUTPATIENT CLINIC | 1,525            | 2,294 | \$                                  | 278,743.51   | \$ 121.51                    | .161                   | \$ 182.78        | \$ 19.54             |
| CLINIC                       | 35               | 148   |                                     | 4,519.83     | 30.54                        | .010                   | 129.14           | .32                  |
| SURGICENTER                  | 13               | 97    |                                     | 3,167.55     | 32.66                        | .007                   | 243.66           | .22                  |
| HEROIN DETOX CLINIC          | 0                | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| RURAL HEALTH CLINIC          | 1,481            | 2,049 |                                     | 271,056.13   | 132.29                       | .144                   | 183.02           | 19.00                |



| 14,264 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|-------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
|                               |       |                                     |               | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS          | 873   | 7,724                               | \$ 68,384.72  | \$ 8.85                      | .542                   | \$ 78.33         | \$ 4.79              |
| DURABLE MED. EQUIP.           | 26    | 107                                 | 4,584.66      | 42.85                        | .008                   | 176.33           | .32                  |
| BLOOD BANK                    | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS        | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION        | 87    | 1,661                               | 25,738.19     | 15.50                        | .116                   | 295.84           | 1.80                 |
| AMBULANCES/AIR TRANS          | 82    | 1,503                               | 21,674.59     | 14.42                        | .105                   | 264.32           | 1.52                 |
| OTHER TRANS                   | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES                | 7     | 158                                 | 4,063.60      | 25.72                        | .011                   | 580.51           | .28                  |
| ACUPUNCTURE                   | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING       | 41    | 41                                  | 3,075.00      | 75.00                        | .003                   | 75.00            | .22                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 1     | 6                                   | 272.58        | 45.43                        | .000                   | 272.58           | .02                  |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                      | 118   | 247                                 | 2,322.48      | 9.40                         | .017                   | 19.68            | .16                  |
| PHYSICAL THERAPIST            | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS        | 14    | 32                                  | 7,077.25      | 221.16                       | .002                   | 505.52           | .50                  |
| PROSTHETICS                   | 7     | 25                                  | 6,618.90      | 264.76                       | .002                   | 945.56           | .46                  |
| ORTHOTICS                     | 7     | 7                                   | 458.35        | 65.48                        | .000                   | 65.48            | .03                  |
| PSYCHOLOGIST                  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| HOSPICE SERVICES              | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| NONINST BIRTHING CENTERS      | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES      | 573   | 2,548                               | 23,205.83     | 9.11                         | .179                   | 40.50            | 1.63                 |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.       | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ALL OTHER PROVIDERS           | 19    | 3,082                               | 2,108.73      | .68                          | .216                   | 110.99           | .15                  |
| @CALIF. CHILDREN SERVICES*    | 64    | 502                                 | \$ 285,969.88 | \$ 569.66                    | .035                   | \$ 4468.28       | \$ 20.05             |
| @XOVER EXCLUDING STATE HOSP** | 23    | 263                                 | \$ 4,365.96   | \$ 16.60                     | .018                   | \$ 189.82        | \$ .31               |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024 FEE-FOR-SERVICE/DENTAL  
AMADOR COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

PAGE 777  
01/17/03

| 17,635 ELIGIBLES          | USERS  | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|---------------------------|--------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
|                           |        |                                     |                 | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS     | 10,281 | 112,115                             | \$ 7,060,619.19 | \$ 62.98                     | 6.358                  | \$ 686.76        | \$ 400.38            |
| @PHYSICIANS SERVICES      | 2,781  | 8,871                               | \$ 336,065.15   | \$ 37.88                     | .503                   | \$ 120.84        | \$ 19.06             |
| OUTPATIENT VISITS         | 1,481  | 2,050                               | 73,956.27       | 36.08                        | .116                   | 49.94            | 4.19                 |
| OFFICE VISITS             | 1,256  | 1,618                               | 52,958.72       | 32.73                        | .092                   | 42.16            | 3.00                 |
| HOME VISITS               | 0      | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM            | 88     | 100                                 | 5,238.55        | 52.39                        | .006                   | 59.53            | .30                  |
| PREVENTIVE CARE           | 4      | 4                                   | 159.93          | 39.98                        | .000                   | 39.98            | .01                  |
| OB VISITS/COMPRE PERI     | 121    | 261                                 | 13,722.93       | 52.58                        | .015                   | 113.41           | .78                  |
| OTHER OUTPATIENT          | 55     | 67                                  | 1,876.14        | 28.00                        | .004                   | 34.11            | .11                  |
| INPATIENT VISITS          | 145    | 542                                 | 42,027.76       | 77.54                        | .031                   | 289.85           | 2.38                 |
| HOSPITAL VISITS           | 125    | 299                                 | 13,537.37       | 45.28                        | .017                   | 108.30           | .77                  |
| CRITICAL CARE             | 22     | 235                                 | 28,186.09       | 119.94                       | .013                   | 1281.19          | 1.60                 |
| SNF/ICF/TRANS IP CARE     | 7      | 8                                   | 304.30          | 38.04                        | .000                   | 43.47            | .02                  |
| OPHTHALMOLOGICAL SERVICES | 2      | 3                                   | 130.23          | 43.41                        | .000                   | 65.12            | .01                  |

|                            |       |        |                 |          |       |           |          |
|----------------------------|-------|--------|-----------------|----------|-------|-----------|----------|
| EXAMINATIONS               | 2     | 3      | 130.23          | 43.41    | .000  | 65.12     | .01      |
| SERVICES AND MATERIALS     | 0     | 0      | .00             | .00      | .000  | .00       | .00      |
| INPATIENT HOSPITAL SURGERY | 170   | 1,612  | 72,587.69       | 45.03    | .091  | 426.99    | 4.12     |
| PRINCIPAL SURGEON          | 97    | 111    | 54,619.35       | 492.07   | .006  | 563.09    | 3.10     |
| ASSISTANT SURGEON          | 25    | 25     | 3,950.18        | 158.01   | .001  | 158.01    | .22      |
| ANESTHESIOLOGIST           | 75    | 1,476  | 14,018.16       | 9.50     | .084  | 186.91    | .79      |
| OUTPATIENT SURGERY         | 270   | 860    | 57,692.09       | 67.08    | .049  | 213.67    | 3.27     |
| PRINCIPAL SURGEON          | 215   | 282    | 44,955.85       | 159.42   | .016  | 209.10    | 2.55     |
| ASSISTANT SURGEON          | 1     | 1      | 146.22          | 146.22   | .000  | 146.22    | .01      |
| ANESTHESIOLOGIST           | 92    | 577    | 12,590.02       | 21.82    | .033  | 136.85    | .71      |
| DIALYSIS                   | 0     | 0      | .00             | .00      | .000  | .00       | .00      |
| PATHOLOGY                  | 228   | 347    | 8,174.74        | 23.56    | .020  | 35.85     | .46      |
| RADIOLOGY                  | 710   | 1,105  | 29,924.14       | 27.08    | .063  | 42.15     | 1.70     |
| PSYCHIATRY                 | 0     | 0      | .00             | .00      | .000  | .00       | .00      |
| IMMUNIZATION AND INJECTION | 67    | 223    | 6,015.39        | 26.97    | .013  | 89.78     | .34      |
| OTHER SERVICES/ALL X-OVERS | 650   | 2,129  | 45,556.84       | 21.40    | .121  | 70.09     | 2.58     |
| @PHARMACY                  | 6,313 | 27,214 | \$ 1,249,220.27 | \$ 45.90 | 1.543 | \$ 197.88 | \$ 70.84 |
| PRESCRIPTION DRUGS         | 6,276 | 21,228 | 1,234,568.11    | 58.16    | 1.204 | 196.71    | 70.01    |
| SNF/ICF                    | 966   | 6,236  | 339,152.41      | 54.39    | .354  | 351.09    | 19.23    |
| OUTPATIENTS                | 5,320 | 14,992 | 895,415.70      | 59.73    | .850  | 168.31    | 50.77    |
| MEDICAL SUPPLIES           | 165   | 5,986  | 14,652.16       | 2.45     | .339  | 88.80     | .83      |
| @DENTIST                   | 805   | 3,682  | \$ 172,720.68   | \$ 46.91 | .209  | \$ 214.56 | \$ 9.79  |
| VISITS - DIAGNOSTIC        | 525   | 2,047  | 32,169.45       | 15.72    | .116  | 61.28     | 1.82     |
| ORAL SURGERY               | 101   | 306    | 18,613.60       | 60.83    | .017  | 184.29    | 1.06     |
| DRUGS                      | 10    | 12     | 130.00          | 10.83    | .001  | 13.00     | .01      |
| ANESTHESIA                 | 8     | 8      | 800.00          | 100.00   | .000  | 100.00    | .05      |
| PERIODONTICS               | 26    | 27     | 4,155.00        | 153.89   | .002  | 159.81    | .24      |
| ENDODONTICS                | 75    | 133    | 21,228.00       | 159.61   | .008  | 283.04    | 1.20     |
| RESTORATIVE DENTISTRY      | 276   | 928    | 67,294.50       | 72.52    | .053  | 243.82    | 3.82     |
| PROSTHETICS                | 2     | 2      | 60.00           | 30.00    | .000  | 30.00     | .00      |
| DENTURES, STAYPLATES       | 57    | 160    | 22,419.00       | 140.12   | .009  | 393.32    | 1.27     |
| SPACE MAINTAINERS          | 4     | 6      | 684.00          | 114.00   | .000  | 171.00    | .04      |

|                         |    |    |          |        |      |        |     |
|-------------------------|----|----|----------|--------|------|--------|-----|
| MAXILLOFACIAL SERVICES  | 5  | 6  | 482.13   | 80.36  | .000 | 96.43  | .03 |
| FRACTURES, DISLOCATIONS | 0  | 0  | .00      | .00    | .000 | .00    | .00 |
| ORTHODONTIC SERVICES    | 23 | 35 | 4,435.00 | 126.71 | .002 | 192.83 | .25 |
| ALL OTHER SERVICES      | 9  | 12 | 250.00   | 20.83  | .001 | 27.78  | .01 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      778  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR    43 MEDICALLY NEEDY

|                              | 17,635 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST                 | 289              |       | 685                                 | \$ 17,009.28    | \$ 24.83                     | .039                   | \$ 58.86         | \$ .96               |
| DIAGNOSTIC AND ANC. PROCED   | 185              |       | 185                                 | 7,727.43        | 41.77                        | .010                   | 41.77            | .44                  |
| EYE APPLIANCES               | 168              |       | 456                                 | 8,145.62        | 17.86                        | .026                   | 48.49            | .46                  |
| OTHER OPTOMETRIC SERVICES    | 42               |       | 44                                  | 1,136.23        | 25.82                        | .002                   | 27.05            | .06                  |
| @CHIROPRACTOR                | 20               |       | 32                                  | \$ 497.42       | \$ 15.54                     | .002                   | \$ 24.87         | \$ .03               |
| VISITS                       | 20               |       | 32                                  | 497.42          | 15.54                        | .002                   | 24.87            | .03                  |
| OTHER SERVICES               | 0                |       | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 233              |       | 254                                 | \$ 2,983.39     | \$ 11.75                     | .014                   | \$ 12.80         | \$ .17               |
| MEDICINE/INJECTIONS          | 17               |       | 18                                  | 697.80          | 38.77                        | .001                   | 41.05            | .04                  |
| SURGERY/ANES.                | 6                |       | 11                                  | 250.10          | 22.74                        | .001                   | 41.68            | .01                  |
| RADIO./PATHOLOGY             | 2                |       | 2                                   | 34.60           | 17.30                        | .000                   | 17.30            | .00                  |
| OTHER                        | 211              |       | 223                                 | 2,000.89        | 8.97                         | .013                   | 9.48             | .11                  |
| @HOME HEALTH AGENCY          | 16               |       | 935                                 | \$ 28,897.38    | \$ 30.91                     | .053                   | \$ 1806.09       | \$ 1.64              |
| NURSE ANESTHESIST            | 4                |       | 32                                  | 107.57          | 3.36                         | .002                   | 26.89            | .01                  |
| NURSE MIDWIFE                | 3                |       | 18                                  | 596.75          | 33.15                        | .001                   | 198.92           | .03                  |
| PEDIATRIC NURSE PRACTITIONER | 2                |       | 2                                   | 41.20           | 20.60                        | .000                   | 20.60            | .00                  |
| FAMILY NURSE PRACTITIONER    | 1                |       | 1                                   | 75.17           | 75.17                        | .000                   | 75.17            | .00                  |
| @TOTAL HOSPITAL              | 2,579            |       | 11,152                              | \$ 1,192,298.19 | \$ 106.91                    | .632                   | \$ 462.31        | \$ 67.61             |
| HOSP INPATIENT TOTAL         | 165              |       | 860                                 | 881,615.86      | 1025.13                      | .049                   | 5343.13          | 49.99                |
| HSC HOSPITALS                | 41               |       | 348                                 | 425,733.22      | 1223.37                      | .020                   | 10383.74         | 24.14                |
| NON-HSC HOSPITAL TOTAL       | 88               |       | 335                                 | 429,224.97      | 1281.27                      | .019                   | 4877.56          | 24.34                |
| ACCOMMODATIONS               | 86               |       | 335                                 | 138,286.42      | 412.80                       | .019                   | 1607.98          | 7.84                 |
| ADMINISTRATIVE DAYS          | 0                |       | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0                |       | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 86               |       | 335                                 | 138,286.42      | 412.80                       | .019                   | 1607.98          | 7.84                 |
| ANCILLARIES                  | 88               |       | 0                                   | 290,938.55      | .00                          | .000                   | 3306.12          | 16.50                |
| INPATIENT CROSSOVERS         | 37               |       | 177                                 | 26,657.67       | 150.61                       | .010                   | 720.48           | 1.51                 |
| ALL OTHER INPATIENT          | 0                |       | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 2,474            |       | 10,292                              | 310,682.33      | 30.19                        | .584                   | 125.58           | 17.62                |
| MEDICAL                      | 1,209            |       | 1,581                               | 78,506.31       | 49.66                        | .090                   | 64.93            | 4.45                 |
| SURGERY                      | 115              |       | 116                                 | 7,633.21        | 65.80                        | .007                   | 66.38            | .43                  |
| PATHOLOGY                    | 1,001            |       | 4,020                               | 48,523.81       | 12.07                        | .228                   | 48.48            | 2.75                 |
| RADIOLOGY                    | 671              |       | 950                                 | 66,056.67       | 69.53                        | .054                   | 98.45            | 3.75                 |
| ROOM USE                     | 1,408            |       | 1,889                               | 80,882.38       | 42.82                        | .107                   | 57.44            | 4.59                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 704              |       | 1,736                               | 29,079.95       | 16.75                        | .098                   | 41.31            | 1.65                 |
| @COUNTY HOSPITAL TOTAL       | 16               |       | 64                                  | \$ 2,875.21     | \$ 44.93                     | .004                   | \$ 179.70        | \$ .16               |
| CO HOSPITAL INPATIENT TOTAL  | 2                |       | 27                                  | 1,624.00        | 60.15                        | .002                   | 812.00           | .09                  |
| HSC HOSPITALS                | 0                |       | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0                |       | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0                |       | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0                |       | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0                |       | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0                |       | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0                |       | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 2                |       | 27                                  | 1,624.00        | 60.15                        | .002                   | 812.00           | .09                  |
| ALL OTHER INPATIENT          | 0                |       | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |

|                            |    |    |          |       |      |       |     |
|----------------------------|----|----|----------|-------|------|-------|-----|
| CO HOSP OUTPATIENT TOTAL   | 14 | 37 | 1,251.21 | 33.82 | .002 | 89.37 | .07 |
| MEDICAL                    | 4  | 5  | 347.90   | 69.58 | .000 | 86.98 | .02 |
| SURGERY                    | 2  | 2  | 30.33    | 15.17 | .000 | 15.17 | .00 |
| PATHOLOGY                  | 5  | 16 | 247.03   | 15.44 | .001 | 49.41 | .01 |
| RADIOLOGY                  | 6  | 8  | 206.85   | 25.86 | .000 | 34.48 | .01 |
| ROOM USE                   | 4  | 5  | 333.00   | 66.60 | .000 | 83.25 | .02 |
| CROSSOVERS/ALL OTH OUTPTNT | 1  | 1  | 86.10    | 86.10 | .000 | 86.10 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 779  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

|                              | 17,635 ELIGIBLES | USERS  | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|------------------|--------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL    | 2,568            | 11,088 | \$ 1,189,422.98                     | \$ 107.27    | .629                         | \$ 463.17                                 | \$ 67.45         |                      |
| COMM HOSP INPATIENT TOTAL    | 163              | 833    | 879,991.86                          | 1056.41      | .047                         | 5398.72                                   | 49.90            |                      |
| HSC HOSPITALS                | 41               | 348    | 425,733.22                          | 1223.37      | .020                         | 10383.74                                  | 24.14            |                      |
| NON-HSC HOSPITALS TOTAL      | 88               | 335    | 429,224.97                          | 1281.27      | .019                         | 4877.56                                   | 24.34            |                      |
| ACCOMMODATIONS               | 86               | 335    | 138,286.42                          | 412.80       | .019                         | 1607.98                                   | 7.84             |                      |
| ADMINISTRATIVE DAYS          | 0                | 0      | .00                                 | .00          | .000                         | .00                                       | .00              |                      |
| TRANSITIONAL IP CARE         | 0                | 0      | .00                                 | .00          | .000                         | .00                                       | .00              |                      |
| ALL OTHER ACCOM              | 86               | 335    | 138,286.42                          | 412.80       | .019                         | 1607.98                                   | 7.84             |                      |
| ANCILLARIES                  | 88               | 0      | 290,938.55                          | .00          | .000                         | 3306.12                                   | 16.50            |                      |
| INPATIENT CROSSOVERS         | 35               | 150    | 25,033.67                           | 166.89       | .009                         | 715.25                                    | 1.42             |                      |
| ALL OTHER INPATIENT          | 0                | 0      | .00                                 | .00          | .000                         | .00                                       | .00              |                      |
| COMM HOSP OUTPATIENT TOTAL   | 2,465            | 10,255 | 309,431.12                          | 30.17        | .582                         | 125.53                                    | 17.55            |                      |
| MEDICAL                      | 1,205            | 1,576  | 78,158.41                           | 49.59        | .089                         | 64.86                                     | 4.43             |                      |
| SURGERY                      | 113              | 114    | 7,602.88                            | 66.69        | .006                         | 67.28                                     | .43              |                      |
| PATHOLOGY                    | 996              | 4,004  | 48,276.78                           | 12.06        | .227                         | 48.47                                     | 2.74             |                      |
| RADIOLOGY                    | 667              | 942    | 65,849.82                           | 69.90        | .053                         | 98.73                                     | 3.73             |                      |
| ROOM USE                     | 1,406            | 1,884  | 80,549.38                           | 42.75        | .107                         | 57.29                                     | 4.57             |                      |
| CROSSOVERS/ALL OTH OUTPTNT   | 703              | 1,735  | 28,993.85                           | 16.71        | .098                         | 41.24                                     | 1.64             |                      |
| @STATE HOSPITAL              | 0                | 0      | \$ .00                              | \$ .00       | .000                         | \$ .00                                    | \$ .00           |                      |
| MENTALLY ILL                 | 0                | 0      | .00                                 | .00          | .000                         | .00                                       | .00              |                      |
| DEVELOP. DISABLED            | 0                | 0      | .00                                 | .00          | .000                         | .00                                       | .00              |                      |
| @NURSING FACILITY            | 1,103            | 35,722 | \$ 3,602,881.26                     | \$ 100.86    | 2.026                        | \$ 3266.44                                | \$ 204.30        |                      |
| LEV A-INTERMEDIATE           | 0                | 0      | .00                                 | .00          | .000                         | .00                                       | .00              |                      |
| LEV B-REHAB MD               | 0                | 0      | .00                                 | .00          | .000                         | .00                                       | .00              |                      |
| LEV B-SUBACUTE FREESTANDING  | 0                | 0      | .00                                 | .00          | .000                         | .00                                       | .00              |                      |
| LEV B-SUBACUTE HSPTL BASED   | 1                | 139    | 73,946.45                           | 531.99       | .008                         | 73946.45                                  | 4.19             |                      |
| LEV B-TRANSITIONAL IP CARE   | 0                | 0      | .00                                 | .00          | .000                         | .00                                       | .00              |                      |
| LEV B-REGULAR                | 1,102            | 35,583 | 3,528,934.81                        | 99.17        | 2.018                        | 3202.30                                   | 200.11           |                      |
| @INTERMEDIATE CARE FACIL.-DD | 0                | 0      | \$ .00                              | \$ .00       | .000                         | \$ .00                                    | \$ .00           |                      |
| ICF DDH                      | 0                | 0      | .00                                 | .00          | .000                         | .00                                       | .00              |                      |
| ICF DD                       | 0                | 0      | .00                                 | .00          | .000                         | .00                                       | .00              |                      |
| ICF DDN/DDCN                 | 0                | 0      | .00                                 | .00          | .000                         | .00                                       | .00              |                      |
| @HEMODIALYSIS TOTAL          | 0                | 0      | \$ .00                              | \$ .00       | .000                         | \$ .00                                    | \$ .00           |                      |
| HOSPITAL BASED               | 0                | 0      | .00                                 | .00          | .000                         | .00                                       | .00              |                      |
| HEMODIALYSIS CENTER          | 0                | 0      | .00                                 | .00          | .000                         | .00                                       | .00              |                      |
| @REHABILITATION FACILITY     | 4                | 27     | \$ 632.08                           | \$ 23.41     | .002                         | \$ 158.02                                 | \$ .04           |                      |
| HOSPITAL BASED               | 4                | 27     | 632.08                              | 23.41        | .002                         | 158.02                                    | .04              |                      |
| INDEPENDENT FACILITY         | 0                | 0      | .00                                 | .00          | .000                         | .00                                       | .00              |                      |
| @LABORATORY FACILITY         | 387              | 913    | \$ 16,864.74                        | \$ 18.47     | .052                         | \$ 43.58                                  | \$ .96           |                      |
| PATHOLOGY                    | 372              | 893    | 16,529.48                           | 18.51        | .051                         | 44.43                                     | .94              |                      |
| XO AND OTHERS                | 15               | 20     | 335.26                              | 16.76        | .001                         | 22.35                                     | .02              |                      |
| @ORGANIZED OUTPATIENT CLINIC | 1,791            | 2,700  | \$ 311,781.44                       | \$ 115.47    | .153                         | \$ 174.08                                 | \$ 17.68         |                      |
| CLINIC                       | 36               | 149    | 4,547.84                            | 30.52        | .008                         | 126.33                                    | .26              |                      |

|                     |       |       |            |        |      |        |       |
|---------------------|-------|-------|------------|--------|------|--------|-------|
| SURGICENTER         | 16    | 108   | 3,734.59   | 34.58  | .006 | 233.41 | .21   |
| HEROIN DETOX CLINIC | 0     | 0     | .00        | .00    | .000 | .00    | .00   |
| RURAL HEALTH CLINIC | 1,743 | 2,443 | 303,499.01 | 124.23 | .139 | 174.12 | 17.21 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      780  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR    43 MEDICALLY NEEDY

|                                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|--------------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| 17,635 ELIGIBLES               |       |                                     |               |                              |   |                  |                      |
| @ALL OTHER PROVIDERS           | 1,230 | 19,875                              | \$ 127,947.22 | \$ 6.44                      | 1.127                                     | \$ 104.02        | \$ 7.26              |
| DURABLE MED. EQUIP.            | 43    | 289                                 | 13,322.11     | 46.10                        | .016                                      | 309.82           | .76                  |
| BLOOD BANK                     | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| HEARING AID DISPENSERS         | 3     | 5                                   | 2,279.12      | 455.82                       | .000                                      | 759.71           | .13                  |
| MEDICAL TRANSPORTATION         | 182   | 2,998                               | 33,103.74     | 11.04                        | .170                                      | 181.89           | 1.88                 |
| AMBULANCES/AIR TRANS           | 84    | 1,508                               | 21,929.45     | 14.54                        | .086                                      | 261.06           | 1.24                 |
| OTHER TRANS                    | 15    | 173                                 | 651.58        | 3.77                         | .010                                      | 43.44            | .04                  |
| OTHER SERVICES                 | 88    | 1,317                               | 10,522.71     | 7.99                         | .075                                      | 119.58           | .60                  |
| ACUPUNCTURE                    | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| GENETIC DISEASE TESTING        | 41    | 41                                  | 3,075.00      | 75.00                        | .002                                      | 75.00            | .17                  |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 20    | 78                                  | 5,954.42      | 76.34                        | .004                                      | 297.72           | .34                  |
| OCCUPATIONAL THERAPIST         | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| OPTICIAN                       | 167   | 363                                 | 3,573.55      | 9.84                         | .021                                      | 21.40            | .20                  |
| PHYSICAL THERAPIST             | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| PORTABLE X-RAY                 | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS         | 19    | 44                                  | 9,147.47      | 207.90                       | .002                                      | 481.45           | .52                  |
| PROSTHETICS                    | 11    | 35                                  | 8,571.47      | 244.90                       | .002                                      | 779.22           | .49                  |
| ORTHOTICS                      | 9     | 9                                   | 576.00        | 64.00                        | .001                                      | 64.00            | .03                  |
| PSYCHOLOGIST                   | 8     | 9                                   | 50.83         | 5.65                         | .001                                      | 6.35             | .00                  |
| SPEECH AND AUDIOLOGY           | 7     | 27                                  | 1,607.07      | 59.52                        | .002                                      | 229.58           | .09                  |
| HOSPICE SERVICES               | 11    | 195                                 | 20,103.76     | 103.10                       | .011                                      | 1827.61          | 1.14                 |
| NONINST BIRTHING CENTERS       | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| LOCAL EDUCATION AGENCIES       | 581   | 2,918                               | 24,743.64     | 8.48                         | .165                                      | 42.59            | 1.40                 |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| RESPIRATORY CARE PRACT.        | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER PROVIDERS            | 177   | 12,908                              | 10,986.51     | .85                          | .732                                      | 62.07            | .62                  |
| @CALIF. CHILDREN SERVICES*     | 64    | 502                                 | \$ 285,969.88 | \$ 569.66                    | .028                                      | \$ 4468.28       | \$ 16.22             |
| @XOVER EXCLUDING STATE HOSP**  | 882   | 9,569                               | \$ 134,060.82 | \$ 14.01                     | .543                                      | \$ 152.00        | \$ 7.60              |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |      |          |
|----------------------------|---|------|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE | 781      |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |      | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR    44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82              |      |          |

|                       | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-----------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| 712 ELIGIBLES         |       |                                     |               |                              |   |                  |                      |
| @TOTAL, ALL PROVIDERS | 323   | 12,887                              | \$ 127,119.80 | \$ 9.86                      | 18.100                                    | \$ 393.56        | \$ 178.54            |
| @PHYSICIANS SERVICES  | 104   | 429                                 | \$ 11,887.91  | \$ 27.71                     | .603                                      | \$ 114.31        | \$ 16.70             |
| OUTPATIENT VISITS     | 62    | 82                                  | 3,517.17      | 42.89                        | .115                                      | 56.73            | 4.94                 |
| OFFICE VISITS         | 46    | 61                                  | 2,168.44      | 35.55                        | .086                                      | 47.14            | 3.05                 |
| HOME VISITS           | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| EMERGENCY ROOM        | 7     | 8                                   | 379.99        | 47.50                        | .011                                      | 54.28            | .53                  |
| PREVENTIVE CARE       | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| OB VISITS/COMPRE PERI | 8     | 11                                  | 928.60        | 84.42                        | .015                                      | 116.08           | 1.30                 |

|                            |   |       |    |           |          |       |           |          |
|----------------------------|---|-------|----|-----------|----------|-------|-----------|----------|
| OTHER OUTPATIENT           | 2   | 2     |    | 40.14     | 20.07    | .003  | 20.07     | .06      |
| INPATIENT VISITS           | 12  | 51    |    | 2,578.22  | 50.55    | .072  | 214.85    | 3.62     |
| HOSPITAL VISITS            | 11  | 49    |    | 2,323.95  | 47.43    | .069  | 211.27    | 3.26     |
| CRITICAL CARE              | 2   | 2     |    | 254.27    | 127.14   | .003  | 127.14    | .36      |
| SNF/ICF/TRANS IP CARE      | 0   | 0     |    | .00       | .00      | .000  | .00       | .00      |
| OPHTHALMOLOGICAL SERVICES  | 0   | 0     |    | .00       | .00      | .000  | .00       | .00      |
| EXAMINATIONS               | 0   | 0     |    | .00       | .00      | .000  | .00       | .00      |
| SERVICES AND MATERIALS     | 0   | 0     |    | .00       | .00      | .000  | .00       | .00      |
| INPATIENT HOSPITAL SURGERY | 6   | 31    |    | 1,726.55  | 55.70    | .044  | 287.76    | 2.42     |
| PRINCIPAL SURGEON          | 3   | 4     |    | 1,082.92  | 270.73   | .006  | 360.97    | 1.52     |
| ASSISTANT SURGEON          | 0   | 0     |    | .00       | .00      | .000  | .00       | .00      |
| ANESTHESIOLOGIST           | 4   | 27    |    | 643.63    | 23.84    | .038  | 160.91    | .90      |
| OUTPATIENT SURGERY         | 9   | 35    |    | 1,373.32  | 39.24    | .049  | 152.59    | 1.93     |
| PRINCIPAL SURGEON          | 8   | 9     |    | 1,009.47  | 112.16   | .013  | 126.18    | 1.42     |
| ASSISTANT SURGEON          | 0   | 0     |    | .00       | .00      | .000  | .00       | .00      |
| ANESTHESIOLOGIST           | 3   | 26    |    | 363.85    | 13.99    | .037  | 121.28    | .51      |
| DIALYSIS                   | 0   | 0     |    | .00       | .00      | .000  | .00       | .00      |
| PATHOLOGY                  | 11  | 14    |    | 153.99    | 11.00    | .020  | 14.00     | .22      |
| RADIOLOGY                  | 32  | 60    |    | 1,385.04  | 23.08    | .084  | 43.28     | 1.95     |
| PSYCHIATRY                 | 1   | 1     |    | 34.16     | 34.16    | .001  | 34.16     | .05      |
| IMMUNIZATION AND INJECTION | 2   | 5     |    | 30.01     | 6.00     | .007  | 15.01     | .04      |
| OTHER SERVICES/ALL X-OVERS | 18  | 150   |    | 1,089.45  | 7.26     | .211  | 60.53     | 1.53     |
| @PHARMACY                  | 158   | 1,201 | \$ | 14,734.63 | \$ 12.27 | 1.687 | \$ 93.26  | \$ 20.69 |
| PRESCRIPTION DRUGS         | 149   | 280   |    | 13,560.52 | 48.43    | .393  | 91.01     | 19.05    |
| SNF/ICF                    | 0   | 0     |    | .00       | .00      | .000  | .00       | .00      |
| OUTPATIENTS                | 149   | 280   |    | 13,560.52 | 48.43    | .393  | 91.01     | 19.05    |
| MEDICAL SUPPLIES           | 9   | 921   |    | 1,174.11  | 1.27     | 1.294 | 130.46    | 1.65     |
| @DENTIST                   | 34  | 150   | \$ | 4,140.00  | \$ 27.60 | .211  | \$ 121.76 | \$ 5.81  |
| VISITS - DIAGNOSTIC        | 29  | 116   |    | 1,809.00  | 15.59    | .163  | 62.38     | 2.54     |
| ORAL SURGERY               | 3   | 6     |    | 630.00    | 105.00   | .008  | 210.00    | .88      |
| DRUGS                      | 1   | 1     |    | 15.00     | 15.00    | .001  | 15.00     | .02      |
| ANESTHESIA                 | 1   | 1     |    | 100.00    | 100.00   | .001  | 100.00    | .14      |
| PERIODONTICS               | 1   | 1     |    | 55.00     | 55.00    | .001  | 55.00     | .08      |
| ENDODONTICS                | 2   | 2     |    | 142.00    | 71.00    | .003  | 71.00     | .20      |
| RESTORATIVE DENTISTRY      | 8   | 21    |    | 1,354.00  | 64.48    | .029  | 169.25    | 1.90     |
| PROSTHETICS                | 0   | 0     |    | .00       | .00      | .000  | .00       | .00      |
| DENTURES, STAYPLATES       | 0   | 0     |    | .00       | .00      | .000  | .00       | .00      |
| SPACE MAINTAINERS          | 0   | 0     |    | .00       | .00      | .000  | .00       | .00      |
| MAXILLOFACIAL SERVICES     | 0   | 0     |    | .00       | .00      | .000  | .00       | .00      |
| FRACTURES, DISLOCATIONS    | 0   | 0     |    | .00       | .00      | .000  | .00       | .00      |
| ORTHODONTIC SERVICES       | 2   | 2     |    | 35.00     | 17.50    | .003  | 17.50     | .05      |
| ALL OTHER SERVICES         | 0   | 0     |    | .00       | .00      | .000  | .00       | .00      |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |       |    |           |          |       |           | PAGE 782 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |       |    |           |          |       |           | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82                 |       |    |           |          |       |           |          |

|                            |       |                                     |              |                              |                        | ----- MONTHLY AVERAGE ----- |                      |  |  |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|--|--|
| 712 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER            | COST PER<br>ELIGIBLE |  |  |
| @OPTOMETRIST               | 5     | 11 \$                               | 335.07       | \$ 30.46                     | .015                   | \$ 67.01                    | \$ .47               |  |  |
| DIAGNOSTIC AND ANC. PROCED | 3     | 3                                   | 142.35       | 47.45                        | .004                   | 47.45                       | .20                  |  |  |
| EYE APPLIANCES             | 2     | 6                                   | 85.70        | 14.28                        | .008                   | 42.85                       | .12                  |  |  |
| OTHER OPTOMETRIC SERVICES  | 2     | 2                                   | 107.02       | 53.51                        | .003                   | 53.51                       | .15                  |  |  |
| @CHIROPRACTOR              | 1     | 1 \$                                | 16.72        | \$ 16.72                     | .001                   | \$ 16.72                    | \$ .02               |  |  |
| VISITS                     | 1     | 1                                   | 16.72        | 16.72                        | .001                   | 16.72                       | .02                  |  |  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |  |
| @PODIATRIST                | 0     | 0 \$                                | .00          | \$ .00                       | .000                   | \$ .00                      | \$ .00               |  |  |

|                              |    |     |              |           |      |           |           |
|------------------------------|----|-----|--------------|-----------|------|-----------|-----------|
| MEDICINE/INJECTIONS          | 0  | 0   | .00          | .00       | .000 | .00       | .00       |
| SURGERY/ANES.                | 0  | 0   | .00          | .00       | .000 | .00       | .00       |
| RADIO./PATHOLOGY             | 0  | 0   | .00          | .00       | .000 | .00       | .00       |
| OTHER                        | 0  | 0   | .00          | .00       | .000 | .00       | .00       |
| @HOME HEALTH AGENCY          | 0  | 0   | \$ .00       | \$ .00    | .000 | \$ .00    | \$ .00    |
| NURSE ANESTHESIST            | 0  | 0   | \$ .00       | \$ .00    | .000 | \$ .00    | \$ .00    |
| NURSE MIDWIFE                | 0  | 0   | \$ .00       | \$ .00    | .000 | \$ .00    | \$ .00    |
| PEDIATRIC NURSE PRACTITIONER | 0  | 0   | \$ .00       | \$ .00    | .000 | \$ .00    | \$ .00    |
| FAMILY NURSE PRACTITIONER    | 0  | 0   | \$ .00       | \$ .00    | .000 | \$ .00    | \$ .00    |
| @TOTAL HOSPITAL              | 93 | 491 | \$ 75,335.40 | \$ 153.43 | .690 | \$ 810.06 | \$ 105.81 |
| HOSP INPATIENT TOTAL         | 10 | 40  | 61,412.95    | 1535.32   | .056 | 6141.30   | 86.25     |
| HSC HOSPITALS                | 3  | 7   | 7,100.00     | 1014.29   | .010 | 2366.67   | 9.97      |
| NON-HSC HOSPITAL TOTAL       | 7  | 33  | 54,312.95    | 1645.85   | .046 | 7758.99   | 76.28     |
| ACCOMMODATIONS               | 7  | 33  | 16,538.31    | 501.16    | .046 | 2362.62   | 23.23     |
| ADMINISTRATIVE DAYS          | 0  | 0   | .00          | .00       | .000 | .00       | .00       |
| TRANSITIONAL IP CARE         | 0  | 0   | .00          | .00       | .000 | .00       | .00       |
| ALL OTHER ACCOM              | 7  | 33  | 16,538.31    | 501.16    | .046 | 2362.62   | 23.23     |
| ANCILLARIES                  | 7  | 0   | 37,774.64    | .00       | .000 | 5396.38   | 53.05     |
| INPATIENT CROSSOVERS         | 0  | 0   | .00          | .00       | .000 | .00       | .00       |
| ALL OTHER INPATIENT          | 0  | 0   | .00          | .00       | .000 | .00       | .00       |
| HOSP OUTPATIENT TOTAL        | 86 | 451 | 13,922.45    | 30.87     | .633 | 161.89    | 19.55     |
| MEDICAL                      | 46 | 63  | 4,377.20     | 69.48     | .088 | 95.16     | 6.15      |
| SURGERY                      | 3  | 3   | 102.69       | 34.23     | .004 | 34.23     | .14       |
| PATHOLOGY                    | 41 | 196 | 2,481.89     | 12.66     | .275 | 60.53     | 3.49      |
| RADIOLOGY                    | 33 | 56  | 2,473.02     | 44.16     | .079 | 74.94     | 3.47      |
| ROOM USE                     | 51 | 70  | 3,116.35     | 44.52     | .098 | 61.10     | 4.38      |
| CROSSOVERS/ALL OTH OUTPTNT   | 34 | 63  | 1,371.30     | 21.77     | .088 | 40.33     | 1.93      |
| @COUNTY HOSPITAL TOTAL       | 0  | 0   | \$ .00       | \$ .00    | .000 | \$ .00    | \$ .00    |
| CO HOSPITAL INPATIENT TOTAL  | 0  | 0   | .00          | .00       | .000 | .00       | .00       |
| HSC HOSPITALS                | 0  | 0   | .00          | .00       | .000 | .00       | .00       |
| NON-HSC HOSPITALS TOTAL      | 0  | 0   | .00          | .00       | .000 | .00       | .00       |
| ACCOMMODATIONS               | 0  | 0   | .00          | .00       | .000 | .00       | .00       |

|   |       |                                     |              |                              |                        |                  |                      |
|---|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| ADMINISTRATIVE DAYS   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CO HOSP OUTPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| #CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 783<br>MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03<br>AMADOR COUNTY      SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 |       |                                     |              |                              |                        |                  |                      |
| ----- MONTHLY AVERAGE -----   |       |                                     |              |                              |                        |                  |                      |
| 712 ELIGIBLES   | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL   | 93    | 491                                 | \$ 75,335.40 | \$ 153.43                    | .690                   | \$ 810.06        | \$ 105.81            |
| COMM HOSP INPATIENT TOTAL   | 10    | 40                                  | 61,412.95    | 1535.32                      | .056                   | 6141.30          | 86.25                |
| HSC HOSPITALS   | 3     | 7                                   | 7,100.00     | 1014.29                      | .010                   | 2366.67          | 9.97                 |
| NON-HSC HOSPITALS TOTAL   | 7     | 33                                  | 54,312.95    | 1645.85                      | .046                   | 7758.99          | 76.28                |
| ACCOMMODATIONS  | 7     | 33                                  | 16,538.31    | 501.16                       | .046                   | 2362.62          | 23.23                |
| ADMINISTRATIVE DAYS   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM   | 7     | 33                                  | 16,538.31    | 501.16                       | .046                   | 2362.62          | 23.23                |
| ANCILLARIES   | 7     | 0                                   | 37,774.64    | .00                          | .000                   | 5396.38          | 53.05                |
| INPATIENT CROSSOVERS  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL  | 86    | 451                                 | 13,922.45    | 30.87                        | .633                   | 161.89           | 19.55                |
| MEDICAL   | 46    | 63                                  | 4,377.20     | 69.48                        | .088                   | 95.16            | 6.15                 |
| SURGERY   | 3     | 3                                   | 102.69       | 34.23                        | .004                   | 34.23            | .14                  |
| PATHOLOGY   | 41    | 196                                 | 2,481.89     | 12.66                        | .275                   | 60.53            | 3.49                 |
| RADIOLOGY   | 33    | 56                                  | 2,473.02     | 44.16                        | .079                   | 74.94            | 3.47                 |
| ROOM USE  | 51    | 70                                  | 3,116.35     | 44.52                        | .098                   | 61.10            | 4.38                 |
| CROSSOVERS/ALL OTH OUTPTNT  | 34    | 63                                  | 1,371.30     | 21.77                        | .088                   | 40.33            | 1.93                 |
| @STATE HOSPITAL   | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY   | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| ICF DDH   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DD  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DDN/DDCN  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HEMODIALYSIS TOTAL   | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEMODIALYSIS CENTER   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @REHABILITATION FACILITY  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |



|                              |    |    |    |          |           |      |           |         |
|------------------------------|----|----|----|----------|-----------|------|-----------|---------|
| INDEPENDENT FACILITY         | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| @LABORATORY FACILITY         | 21 | 96 | \$ | 1,695.29 | \$ 17.66  | .135 | \$ 80.73  | \$ 2.38 |
| PATHOLOGY                    | 21 | 96 |    | 1,695.29 | 17.66     | .135 | 80.73     | 2.38    |
| XO AND OTHERS                | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| @ORGANIZED OUTPATIENT CLINIC | 30 | 41 | \$ | 5,814.88 | \$ 141.83 | .058 | \$ 193.83 | \$ 8.17 |
| CLINIC                       | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| SURGICENTER                  | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| HEROIN DETOX CLINIC          | 0  | 0  |    | .00      | .00       | .000 | .00       | .00     |
| RURAL HEALTH CLINIC          | 30 | 41 |    | 5,814.88 | 141.83    | .058 | 193.83    | 8.17    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 784  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

| 712 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS          | 43    | 10,467                              | \$ 13,159.90 | \$ 1.26                      | 14.701                 | \$ 306.04        | \$ 18.48             |
| DURABLE MED. EQUIP.           | 2     | 3                                   | 135.24       | 45.08                        | .004                   | 67.62            | .19                  |
| BLOOD BANK                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION        | 7     | 324                                 | 1,894.79     | 5.85                         | .455                   | 270.68           | 2.66                 |
| AMBULANCES/AIR TRANS          | 7     | 324                                 | 1,894.79     | 5.85                         | .455                   | 270.68           | 2.66                 |
| OTHER TRANS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACUPUNCTURE                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING       | 4     | 4                                   | 420.00       | 105.00                       | .006                   | 105.00           | .59                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                      | 2     | 4                                   | 33.28        | 8.32                         | .006                   | 16.64            | .05                  |
| PHYSICAL THERAPIST            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS        | 1     | 2                                   | 53.93        | 26.97                        | .003                   | 53.93            | .08                  |
| PROSTHETICS                   | 1     | 1                                   | 9.85         | 9.85                         | .001                   | 9.85             | .01                  |
| ORTHOTICS                     | 1     | 1                                   | 44.08        | 44.08                        | .001                   | 44.08            | .06                  |
| PSYCHOLOGIST                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPICE SERVICES              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NONINST BIRTHING CENTERS      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES      | 10    | 789                                 | 4,657.61     | 5.90                         | 1.108                  | 465.76           | 6.54                 |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER PROVIDERS           | 19    | 9,341                               | 5,965.05     | .64                          | 13.119                 | 313.95           | 8.38                 |
| @CALIF. CHILDREN SERVICES*    | 0     | 4CR                                 | \$ 58.18     | \$ 14.55CR                   | .006CR\$               | .00              | \$ .08               |
| @XOVER EXCLUDING STATE HOSP** | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 785  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 45 MIC - SOC

| 14 ELIGIBLES          | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 28    | 175                                 | \$ 9,056.55  | \$ 51.75                     | 12.500                 | \$ 323.45        | \$ 646.90            |
| @PHYSICIANS SERVICES  | 6     | 15                                  | \$ 593.44    | \$ 39.56                     | 1.071                  | \$ 98.91         | \$ 42.39             |

|                            |   |                  |                             |              |            |          |          |
|----------------------------|---|------------------|-----------------------------|--------------|------------|----------|----------|
| OUTPATIENT VISITS          | 2   | 2                | 165.28                      | 82.64        | .143       | 82.64    | 11.81    |
| OFFICE VISITS              | 1   | 1                | 57.20                       | 57.20        | .071       | 57.20    | 4.09     |
| HOME VISITS                | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| EMERGENCY ROOM             | 1   | 1                | 108.08                      | 108.08       | .071       | 108.08   | 7.72     |
| PREVENTIVE CARE            | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| OB VISITS/COMPRE PERI      | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| OTHER OUTPATIENT           | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| INPATIENT VISITS           | 1   | 5                | 269.81                      | 53.96        | .357       | 269.81   | 19.27    |
| HOSPITAL VISITS            | 1   | 5                | 269.81                      | 53.96        | .357       | 269.81   | 19.27    |
| CRITICAL CARE              | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| SNF/ICF/TRANS IP CARE      | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| OPHTHALMOLOGICAL SERVICES  | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| EXAMINATIONS               | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| SERVICES AND MATERIALS     | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| INPATIENT HOSPITAL SURGERY | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| PRINCIPAL SURGEON          | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| ASSISTANT SURGEON          | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| ANESTHESIOLOGIST           | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| OUTPATIENT SURGERY         | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| PRINCIPAL SURGEON          | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| ASSISTANT SURGEON          | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| ANESTHESIOLOGIST           | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| DIALYSIS                   | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| PATHOLOGY                  | 1   | 6                | 15.49                       | 2.58         | .429       | 15.49    | 1.11     |
| RADIOLOGY                  | 1   | 1                | 6.92                        | 6.92         | .071       | 6.92     | .49      |
| PSYCHIATRY                 | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| IMMUNIZATION AND INJECTION | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| OTHER SERVICES/ALL X-OVERS | 1   | 1                | 135.94                      | 135.94       | .071       | 135.94   | 9.71     |
| @PHARMACY                  | 3   | 3                | \$ 42.42                    | \$ 14.14     | .214       | \$ 14.14 | \$ 3.03  |
| PRESCRIPTION DRUGS         | 3   | 3                | 42.42                       | 14.14        | .214       | 14.14    | 3.03     |
| SNF/ICF                    | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| OUTPATIENTS                | 3   | 3                | 42.42                       | 14.14        | .214       | 14.14    | 3.03     |
| MEDICAL SUPPLIES           | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| @DENTIST                   | 2   | 5                | \$ 115.00                   | \$ 23.00     | .357       | \$ 57.50 | \$ 8.21  |
| VISITS - DIAGNOSTIC        | 2   | 4                | 70.00                       | 17.50        | .286       | 35.00    | 5.00     |
| ORAL SURGERY               | 1   | 1                | 45.00                       | 45.00        | .071       | 45.00    | 3.21     |
| DRUGS                      | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| ANESTHESIA                 | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| PERIODONTICS               | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| ENDODONTICS                | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| RESTORATIVE DENTISTRY      | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| PROSTHETICS                | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| DENTURES, STAYPLATES       | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| SPACE MAINTAINERS          | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| MAXILLOFACIAL SERVICES     | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| FRACTURES, DISLOCATIONS    | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| ORTHODONTIC SERVICES       | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| ALL OTHER SERVICES         | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                  |                             |              |            |          | PAGE 786 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |                  |                             |              |            |          | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 45 MIC - SOC  |                  |                             |              |            |          |          |
|                            |   |                  | AID CODE                    |              |            |          |          |
|                            |   |                  | ----- MONTHLY AVERAGE ----- |              |            |          |          |
| 14 ELIGIBLES               | USERS   | UNITS OF SERVICE | EXPENDITURES                | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|                            |   | OR DAYS OF CARE  |                             | PER UNIT/DAY | PER ELIG   | USER     | ELIGIBLE |
| @OPTOMETRIST               | 0   | 0                | \$ .00                      | \$ .00       | .000       | \$ .00   | \$ .00   |
| DIAGNOSTIC AND ANC. PROCED | 0   | 0                | .00                         | .00          | .000       | .00      | .00      |

|                              |    |    |    |          |     |         |       |           |
|------------------------------|----|----|----|----------|-----|---------|-------|-----------|
| EYE APPLIANCES               | 0  | 0  |    | .00      | .00 | .000    | .00   | .00       |
| OTHER OPTOMETRIC SERVICES    | 0  | 0  |    | .00      | .00 | .000    | .00   | .00       |
| @CHIROPRACTOR                | 0  | 0  | \$ | .00      | \$  | .000    | \$    | .00       |
| VISITS                       | 0  | 0  |    | .00      | .00 | .000    | .00   | .00       |
| OTHER SERVICES               | 0  | 0  |    | .00      | .00 | .000    | .00   | .00       |
| @PODIATRIST                  | 0  | 0  | \$ | .00      | \$  | .000    | \$    | .00       |
| MEDICINE/INJECTIONS          | 0  | 0  |    | .00      | .00 | .000    | .00   | .00       |
| SURGERY/ANES.                | 0  | 0  |    | .00      | .00 | .000    | .00   | .00       |
| RADIO./PATHOLOGY             | 0  | 0  |    | .00      | .00 | .000    | .00   | .00       |
| OTHER                        | 0  | 0  |    | .00      | .00 | .000    | .00   | .00       |
| @HOME HEALTH AGENCY          | 0  | 0  | \$ | .00      | \$  | .000    | \$    | .00       |
| NURSE ANESTHESIST            | 0  | 0  | \$ | .00      | \$  | .000    | \$    | .00       |
| NURSE MIDWIFE                | 0  | 0  | \$ | .00      | \$  | .000    | \$    | .00       |
| PEDIATRIC NURSE PRACTITIONER | 0  | 0  | \$ | .00      | \$  | .000    | \$    | .00       |
| FAMILY NURSE PRACTITIONER    | 0  | 0  | \$ | .00      | \$  | .000    | \$    | .00       |
| @TOTAL HOSPITAL              | 17 | 78 | \$ | 7,183.30 | \$  | 92.09   | 5.571 | \$ 422.55 |
| HOSP INPATIENT TOTAL         | 2  | 5  |    | 4,900.51 |     | 980.10  | .357  | 2450.26   |
| HSC HOSPITALS                | 1  | 4  |    | 4,840.00 |     | 1210.00 | .286  | 4840.00   |
| NON-HSC HOSPITAL TOTAL       | 1  | 1  |    | 60.51    |     | 60.51   | .071  | 60.51     |
| ACCOMMODATIONS               | 1  | 1  |    | 48.51    |     | 48.51   | .071  | 48.51     |
| ADMINISTRATIVE DAYS          | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| TRANSITIONAL IP CARE         | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| ALL OTHER ACCOM              | 1  | 1  |    | 48.51    |     | 48.51   | .071  | 48.51     |
| ANCILLARIES                  | 1  | 0  |    | 12.00    |     | .00     | .000  | 12.00     |
| INPATIENT CROSSOVERS         | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| ALL OTHER INPATIENT          | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| HOSP OUTPATIENT TOTAL        | 16 | 73 |    | 2,282.79 |     | 31.27   | 5.214 | 142.67    |
| MEDICAL                      | 11 | 15 |    | 433.86   |     | 28.92   | 1.071 | 39.44     |
| SURGERY                      | 1  | 1  |    | 14.20    |     | 14.20   | .071  | 14.20     |
| PATHOLOGY                    | 8  | 28 |    | 287.65   |     | 10.27   | 2.000 | 35.96     |
| RADIOLOGY                    | 4  | 8  |    | 976.66   |     | 122.08  | .571  | 244.17    |
| ROOM USE                     | 10 | 10 |    | 450.29   |     | 45.03   | .714  | 45.03     |
| CROSSOVERS/ALL OTH OUTPTNT   | 6  | 11 |    | 120.13   |     | 10.92   | .786  | 20.02     |
| @COUNTY HOSPITAL TOTAL       | 0  | 0  | \$ | .00      | \$  | .00     | .000  | \$ .00    |
| CO HOSPITAL INPATIENT TOTAL  | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| HSC HOSPITALS                | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| NON-HSC HOSPITALS TOTAL      | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| ACCOMMODATIONS               | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| ADMINISTRATIVE DAYS          | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| TRANSITIONAL IP CARE         | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| ALL OTHER ACCOM              | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| ANCILLARIES                  | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| INPATIENT CROSSOVERS         | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| ALL OTHER INPATIENT          | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| CO HOSP OUTPATIENT TOTAL     | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| MEDICAL                      | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| SURGERY                      | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| PATHOLOGY                    | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| RADIOLOGY                    | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| ROOM USE                     | 0  | 0  |    | .00      |     | .00     | .000  | .00       |
| CROSSOVERS/ALL OTH OUTPTNT   | 0  | 0  |    | .00      |     | .00     | .000  | .00       |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      787  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR      45 MIC - SOC      AID CODE

----- MONTHLY AVERAGE -----  
14 ELIGIBLES      USERS      UNITS OF SERVICE      EXPENDITURES      AVERAGE COST      UNITS/DAYS      COST PER      COST PER

|                              |    | OR DAYS OF CARE |    |          | PER UNIT/DAY | PER ELIG | USER      | ELIGIBLE  |
|------------------------------|----|-----------------|----|----------|--------------|----------|-----------|-----------|
| @COMMUNITY HOSPITAL TOTAL    | 17 | 78              | \$ | 7,183.30 | \$ 92.09     | 5.571    | \$ 422.55 | \$ 513.09 |
| COMM HOSP INPATIENT TOTAL    | 2  | 5               |    | 4,900.51 | 980.10       | .357     | 2450.26   | 350.04    |
| HSC HOSPITALS                | 1  | 4               |    | 4,840.00 | 1210.00      | .286     | 4840.00   | 345.71    |
| NON-HSC HOSPITALS TOTAL      | 1  | 1               |    | 60.51    | 60.51        | .071     | 60.51     | 4.32      |
| ACCOMMODATIONS               | 1  | 1               |    | 48.51    | 48.51        | .071     | 48.51     | 3.47      |
| ADMINISTRATIVE DAYS          | 0  | 0               |    | .00      | .00          | .000     | .00       | .00       |
| TRANSITIONAL IP CARE         | 0  | 0               |    | .00      | .00          | .000     | .00       | .00       |
| ALL OTHER ACCOM              | 1  | 1               |    | 48.51    | 48.51        | .071     | 48.51     | 3.47      |
| ANCILLARIES                  | 1  | 0               |    | 12.00    | .00          | .000     | 12.00     | .86       |
| INPATIENT CROSSOVERS         | 0  | 0               |    | .00      | .00          | .000     | .00       | .00       |
| ALL OTHER INPATIENT          | 0  | 0               |    | .00      | .00          | .000     | .00       | .00       |
| COMM HOSP OUTPATIENT TOTAL   | 16 | 73              |    | 2,282.79 | 31.27        | 5.214    | 142.67    | 163.06    |
| MEDICAL                      | 11 | 15              |    | 433.86   | 28.92        | 1.071    | 39.44     | 30.99     |
| SURGERY                      | 1  | 1               |    | 14.20    | 14.20        | .071     | 14.20     | 1.01      |
| PATHOLOGY                    | 8  | 28              |    | 287.65   | 10.27        | 2.000    | 35.96     | 20.55     |
| RADIOLOGY                    | 4  | 8               |    | 976.66   | 122.08       | .571     | 244.17    | 69.76     |
| ROOM USE                     | 10 | 10              |    | 450.29   | 45.03        | .714     | 45.03     | 32.16     |
| CROSSOVERS/ALL OTH OUTPTNT   | 6  | 11              |    | 120.13   | 10.92        | .786     | 20.02     | 8.58      |
| @STATE HOSPITAL              | 0  | 0               | \$ | .00      | \$ .00       | .000     | \$ .00    | \$ .00    |
| MENTALLY ILL                 | 0  | 0               |    | .00      | .00          | .000     | .00       | .00       |
| DEVELOP. DISABLED            | 0  | 0               |    | .00      | .00          | .000     | .00       | .00       |
| @NURSING FACILITY            | 0  | 0               | \$ | .00      | \$ .00       | .000     | \$ .00    | \$ .00    |
| LEV A-INTERMEDIATE           | 0  | 0               |    | .00      | .00          | .000     | .00       | .00       |
| LEV B-REHAB MD               | 0  | 0               |    | .00      | .00          | .000     | .00       | .00       |
| LEV B-SUBACUTE FREESTANDING  | 0  | 0               |    | .00      | .00          | .000     | .00       | .00       |
| LEV B-SUBACUTE HSPTL BASED   | 0  | 0               |    | .00      | .00          | .000     | .00       | .00       |
| LEV B-TRANSITIONAL IP CARE   | 0  | 0               |    | .00      | .00          | .000     | .00       | .00       |
| LEV B-REGULAR                | 0  | 0               |    | .00      | .00          | .000     | .00       | .00       |
| @INTERMEDIATE CARE FACIL.-DD | 0  | 0               | \$ | .00      | \$ .00       | .000     | \$ .00    | \$ .00    |
| ICF DDH                      | 0  | 0               |    | .00      | .00          | .000     | .00       | .00       |
| ICF DD                       | 0  | 0               |    | .00      | .00          | .000     | .00       | .00       |

|                              |   |   |    |       |    |       |      |          |         |
|------------------------------|---|---|----|-------|----|-------|------|----------|---------|
| ICF DDN/DDCN                 | 0 | 0 |    | .00   |    | .00   | .000 | .00      | .00     |
| @HEMODIALYSIS TOTAL          | 0 | 0 | \$ | .00   | \$ | .00   | .000 | \$ .00   | \$ .00  |
| HOSPITAL BASED               | 0 | 0 |    | .00   |    | .00   | .000 | .00      | .00     |
| HEMODIALYSIS CENTER          | 0 | 0 |    | .00   |    | .00   | .000 | .00      | .00     |
| @REHABILITATION FACILITY     | 0 | 0 | \$ | .00   | \$ | .00   | .000 | \$ .00   | \$ .00  |
| HOSPITAL BASED               | 0 | 0 |    | .00   |    | .00   | .000 | .00      | .00     |
| INDEPENDENT FACILITY         | 0 | 0 |    | .00   |    | .00   | .000 | .00      | .00     |
| @LABORATORY FACILITY         | 2 | 3 | \$ | 54.38 | \$ | 18.13 | .214 | \$ 27.19 | \$ 3.88 |
| PATHOLOGY                    | 2 | 3 |    | 54.38 |    | 18.13 | .214 | 27.19    | 3.88    |
| XO AND OTHERS                | 0 | 0 |    | .00   |    | .00   | .000 | .00      | .00     |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | 65.00 | \$ | .00   | .000 | \$ .00   | \$ 4.64 |
| CLINIC                       | 0 | 0 |    | .00   |    | .00   | .000 | .00      | .00     |
| SURGICENTER                  | 0 | 0 |    | .00   |    | .00   | .000 | .00      | .00     |
| HEROIN DETOX CLINIC          | 0 | 0 |    | .00   |    | .00   | .000 | .00      | .00     |
| RURAL HEALTH CLINIC          | 0 | 0 |    | 65.00 |    | .00   | .000 | .00      | 4.64    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 788  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 45 MIC - SOC      AID CODE

| 14 ELIGIBLES                   | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS           | 5     | 71                                  | \$ 1,003.01  | \$ 14.13                     | 5.071                                     | \$ 200.60        | \$ 71.64             |
| DURABLE MED. EQUIP.            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| BLOOD BANK                     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HEARING AID DISPENSERS         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| MEDICAL TRANSPORTATION         | 4     | 69                                  | 983.35       | 14.25                        | 4.929                                     | 245.84           | 70.24                |
| AMBULANCES/AIR TRANS           | 4     | 69                                  | 983.35       | 14.25                        | 4.929                                     | 245.84           | 70.24                |
| OTHER TRANS                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACUPUNCTURE                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| GENETIC DISEASE TESTING        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OCCUPATIONAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OPTICIAN                       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PHYSICAL THERAPIST             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PORTABLE X-RAY                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PROSTHETICS                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ORTHOTICS                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PSYCHOLOGIST                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SPEECH AND AUDIOLOGY           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HOSPICE SERVICES               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NONINST BIRTHING CENTERS       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LOCAL EDUCATION AGENCIES       | 1     | 2                                   | 19.66        | 9.83                         | .143                                      | 19.66            | 1.40                 |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RESPIRATORY CARE PRACT.        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER PROVIDERS            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @CALIF. CHILDREN SERVICES*     | 1     | 1                                   | \$ 748.65    | \$ 748.65                    | .071                                      | \$ 748.65        | \$ 53.48             |
| @XOVER EXCLUDING STATE HOSP**  | 0     | 0                                   | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 789  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

## AMADOR COUNTY

## SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

| 726 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE        |                  |                      |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |               |                              | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 351   | 13,062                              | \$ 136,176.35 | \$ 10.43                     | 17.992                 | \$ 387.97        | \$ 187.57            |
| @PHYSICIANS SERVICES       | 110   | 444                                 | \$ 12,481.35  | \$ 28.11                     | .612                   | \$ 113.47        | \$ 17.19             |
| OUTPATIENT VISITS          | 64    | 84                                  | 3,682.45      | 43.84                        | .116                   | 57.54            | 5.07                 |
| OFFICE VISITS              | 47    | 62                                  | 2,225.64      | 35.90                        | .085                   | 47.35            | 3.07                 |
| HOME VISITS                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 8     | 9                                   | 488.07        | 54.23                        | .012                   | 61.01            | .67                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 8     | 11                                  | 928.60        | 84.42                        | .015                   | 116.08           | 1.28                 |
| OTHER OUTPATIENT           | 2     | 2                                   | 40.14         | 20.07                        | .003                   | 20.07            | .06                  |
| INPATIENT VISITS           | 13    | 56                                  | 2,848.03      | 50.86                        | .077                   | 219.08           | 3.92                 |
| HOSPITAL VISITS            | 12    | 54                                  | 2,593.76      | 48.03                        | .074                   | 216.15           | 3.57                 |
| CRITICAL CARE              | 2     | 2                                   | 254.27        | 127.14                       | .003                   | 127.14           | .35                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 6     | 31                                  | 1,726.55      | 55.70                        | .043                   | 287.76           | 2.38                 |
| PRINCIPAL SURGEON          | 3     | 4                                   | 1,082.92      | 270.73                       | .006                   | 360.97           | 1.49                 |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 4     | 27                                  | 643.63        | 23.84                        | .037                   | 160.91           | .89                  |
| OUTPATIENT SURGERY         | 9     | 35                                  | 1,373.32      | 39.24                        | .048                   | 152.59           | 1.89                 |
| PRINCIPAL SURGEON          | 8     | 9                                   | 1,009.47      | 112.16                       | .012                   | 126.18           | 1.39                 |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 3     | 26                                  | 363.85        | 13.99                        | .036                   | 121.28           | .50                  |
| DIALYSIS                   | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 12    | 20                                  | 169.48        | 8.47                         | .028                   | 14.12            | .23                  |
| RADIOLOGY                  | 33    | 61                                  | 1,391.96      | 22.82                        | .084                   | 42.18            | 1.92                 |
| PSYCHIATRY                 | 1     | 1                                   | 34.16         | 34.16                        | .001                   | 34.16            | .05                  |
| IMMUNIZATION AND INJECTION | 2     | 5                                   | 30.01         | 6.00                         | .007                   | 15.01            | .04                  |
| OTHER SERVICES/ALL X-OVERS | 19    | 151                                 | 1,225.39      | 8.12                         | .208                   | 64.49            | 1.69                 |
| @PHARMACY                  | 161   | 1,204                               | \$ 14,777.05  | \$ 12.27                     | 1.658                  | \$ 91.78         | \$ 20.35             |
| PRESCRIPTION DRUGS         | 152   | 283                                 | 13,602.94     | 48.07                        | .390                   | 89.49            | 18.74                |
| SNF/ICF                    | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OUTPATIENTS                | 152   | 283                                 | 13,602.94     | 48.07                        | .390                   | 89.49            | 18.74                |
| MEDICAL SUPPLIES           | 9     | 921                                 | 1,174.11      | 1.27                         | 1.269                  | 130.46           | 1.62                 |
| @DENTIST                   | 36    | 155                                 | \$ 4,255.00   | \$ 27.45                     | .213                   | \$ 118.19        | \$ 5.86              |
| VISITS - DIAGNOSTIC        | 31    | 120                                 | 1,879.00      | 15.66                        | .165                   | 60.61            | 2.59                 |
| ORAL SURGERY               | 4     | 7                                   | 675.00        | 96.43                        | .010                   | 168.75           | .93                  |
| DRUGS                      | 1     | 1                                   | 15.00         | 15.00                        | .001                   | 15.00            | .02                  |
| ANESTHESIA                 | 1     | 1                                   | 100.00        | 100.00                       | .001                   | 100.00           | .14                  |
| PERIODONTICS               | 1     | 1                                   | 55.00         | 55.00                        | .001                   | 55.00            | .08                  |
| ENDODONTICS                | 2     | 2                                   | 142.00        | 71.00                        | .003                   | 71.00            | .20                  |
| RESTORATIVE DENTISTRY      | 8     | 21                                  | 1,354.00      | 64.48                        | .029                   | 169.25           | 1.87                 |
| PROSTHETICS                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| DENTURES, STAYPLATES       | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| SPACE MAINTAINERS          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| MAXILLOFACIAL SERVICES     | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| FRACTURES, DISLOCATIONS    | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ORTHODONTIC SERVICES       | 2     | 2                                   | 35.00         | 17.50                        | .003                   | 17.50            | .05                  |
| ALL OTHER SERVICES         | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |

## AMADOR COUNTY

## SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

| 726 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE        |                  | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG | COST PER<br>USER |                      |
| @OPTOMETRIST                 | 5     | 11                                  | \$ 335.07    | \$ 30.46                     | .015                   | \$ 67.01         | \$ .46               |
| DIAGNOSTIC AND ANC. PROCED   | 3     | 3                                   | 142.35       | 47.45                        | .004                   | 47.45            | .20                  |
| EYE APPLIANCES               | 2     | 6                                   | 85.70        | 14.28                        | .008                   | 42.85            | .12                  |
| OTHER OPTOMETRIC SERVICES    | 2     | 2                                   | 107.02       | 53.51                        | .003                   | 53.51            | .15                  |
| @CHIROPRACTOR                | 1     | 1                                   | \$ 16.72     | \$ 16.72                     | .001                   | \$ 16.72         | \$ .02               |
| VISITS                       | 1     | 1                                   | 16.72        | 16.72                        | .001                   | 16.72            | .02                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NURSE MIDWIFE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @TOTAL HOSPITAL              | 110   | 569                                 | \$ 82,518.70 | \$ 145.02                    | .784                   | \$ 750.17        | \$ 113.66            |
| HOSP INPATIENT TOTAL         | 12    | 45                                  | 66,313.46    | 1473.63                      | .062                   | 5526.12          | 91.34                |
| HSC HOSPITALS                | 4     | 11                                  | 11,940.00    | 1085.45                      | .015                   | 2985.00          | 16.45                |
| NON-HSC HOSPITAL TOTAL       | 8     | 34                                  | 54,373.46    | 1599.22                      | .047                   | 6796.68          | 74.89                |
| ACCOMMODATIONS               | 8     | 34                                  | 16,586.82    | 487.85                       | .047                   | 2073.35          | 22.85                |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 8     | 34                                  | 16,586.82    | 487.85                       | .047                   | 2073.35          | 22.85                |
| ANCILLARIES                  | 8     | 0                                   | 37,786.64    | .00                          | .000                   | 4723.33          | 52.05                |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 102   | 524                                 | 16,205.24    | 30.93                        | .722                   | 158.87           | 22.32                |
| MEDICAL                      | 57    | 78                                  | 4,811.06     | 61.68                        | .107                   | 84.40            | 6.63                 |
| SURGERY                      | 4     | 4                                   | 116.89       | 29.22                        | .006                   | 29.22            | .16                  |
| PATHOLOGY                    | 49    | 224                                 | 2,769.54     | 12.36                        | .309                   | 56.52            | 3.81                 |
| RADIOLOGY                    | 37    | 64                                  | 3,449.68     | 53.90                        | .088                   | 93.23            | 4.75                 |
| ROOM USE                     | 61    | 80                                  | 3,566.64     | 44.58                        | .110                   | 58.47            | 4.91                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 40    | 74                                  | 1,491.43     | 20.15                        | .102                   | 37.29            | 2.05                 |
| @COUNTY HOSPITAL TOTAL       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CO HOSP OUTPATIENT TOTAL     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

| 726 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL    | 110   | 569                                 | \$ 82,518.70 | \$ 145.02                    | .784                   | \$ 750.17        | \$ 113.66            |
| COMM HOSP INPATIENT TOTAL    | 12    | 45                                  | 66,313.46    | 1473.63                      | .062                   | 5526.12          | 91.34                |
| HSC HOSPITALS                | 4     | 11                                  | 11,940.00    | 1085.45                      | .015                   | 2985.00          | 16.45                |
| NON-HSC HOSPITALS TOTAL      | 8     | 34                                  | 54,373.46    | 1599.22                      | .047                   | 6796.68          | 74.89                |
| ACCOMMODATIONS               | 8     | 34                                  | 16,586.82    | 487.85                       | .047                   | 2073.35          | 22.85                |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 8     | 34                                  | 16,586.82    | 487.85                       | .047                   | 2073.35          | 22.85                |
| ANCILLARIES                  | 8     | 0                                   | 37,786.64    | .00                          | .000                   | 4723.33          | 52.05                |
| INPATIENT CROSSTOVERS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 102   | 524                                 | 16,205.24    | 30.93                        | .722                   | 158.87           | 22.32                |
| MEDICAL                      | 57    | 78                                  | 4,811.06     | 61.68                        | .107                   | 84.40            | 6.63                 |
| SURGERY                      | 4     | 4                                   | 116.89       | 29.22                        | .006                   | 29.22            | .16                  |
| PATHOLOGY                    | 49    | 224                                 | 2,769.54     | 12.36                        | .309                   | 56.52            | 3.81                 |
| RADIOLOGY                    | 37    | 64                                  | 3,449.68     | 53.90                        | .088                   | 93.23            | 4.75                 |
| ROOM USE                     | 61    | 80                                  | 3,566.64     | 44.58                        | .110                   | 58.47            | 4.91                 |
| CROSSTOVERS/ALL OTH OUTPTNT  | 40    | 74                                  | 1,491.43     | 20.15                        | .102                   | 37.29            | 2.05                 |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| ICF DDH                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DD                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DDN/DDCN                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEMODIALYSIS CENTER          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @REHABILITATION FACILITY     | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INDEPENDENT FACILITY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @LABORATORY FACILITY         | 23    | 99                                  | \$ 1,749.67  | \$ 17.67                     | .136                   | \$ 76.07         | \$ 2.41              |
| PATHOLOGY                    | 23    | 99                                  | 1,749.67     | 17.67                        | .136                   | 76.07            | 2.41                 |
| XO AND OTHERS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @ORGANIZED OUTPATIENT CLINIC | 30    | 41                                  | \$ 5,879.88  | \$ 143.41                    | .056                   | \$ 196.00        | \$ 8.10              |
| CLINIC                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGICENTER                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEROIN DETOX CLINIC          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RURAL HEALTH CLINIC          | 30    | 41                                  | 5,879.88     | 143.41                       | .056                   | 196.00           | 8.10                 |



| 726 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS       | 48    | 10,538                              | \$ 14,162.91 | \$ 1.34                      | 14.515   | \$ 295.06        | \$ 19.51             |
| DURABLE MED. EQUIP.        | 2     | 3                                   | 135.24       | 45.08                        | .004   | 67.62            | .19                  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 11    | 393                                 | 2,878.14     | 7.32                         | .541   | 261.65           | 3.96                 |
| AMBULANCES/AIR TRANS       | 11    | 393                                 | 2,878.14     | 7.32                         | .541   | 261.65           | 3.96                 |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| GENETIC DISEASE TESTING    | 4     | 4                                   | 420.00       | 105.00                       | .006   | 105.00           | .58                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| OPTICIAN                   | 2     | 4                                   | 33.28        | 8.32                         | .006   | 16.64            | .05                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS     | 1     | 2                                   | 53.93        | 26.97                        | .003   | 53.93            | .07                  |
| PROSTHETICS                | 1     | 1                                   | 9.85         | 9.85                         | .001   | 9.85             | .01                  |
| ORTHOTICS                  | 1     | 1                                   | 44.08        | 44.08                        | .001   | 44.08            | .06                  |
| PSYCHOLOGIST               | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| SPEECH AND AUDIOLOGY       | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| HOSPICE SERVICES           | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| NONINST BIRTHING CENTERS   | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES   | 11    | 791                                 | 4,677.27     | 5.91                         | 1.090  | 425.21           | 6.44                 |
| EPSDT SUPPLEMENTAL SERVICE | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| RESPIRATORY CARE PRACT.    | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| ALL OTHER PROVIDERS        | 19    | 9,341                               | 5,965.05     | .64                          | 12.866   | 313.95           | 8.22                 |
| @CALIF. CHILDREN SERVICES* | 1     | 3CR                                 | \$ 806.83    | \$ 268.94CR                  | .004CR\$   | 806.83           | \$ 1.11              |

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00  
 @\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 793  
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
 AMADOR COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @PHYSICIANS SERVICES       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| OUTPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OFFICE VISITS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PHARMACY                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PRESCRIPTION DRUGS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENTS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL SUPPLIES           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @DENTIST                   | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS - DIAGNOSTIC        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ORAL SURGERY               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DRUGS                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIA                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PERIODONTICS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ENDODONTICS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESTORATIVE DENTISTRY      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETICS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DENTURES, STAYPLATES       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPACE MAINTAINERS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                         |   |   |     |     |      |     |     |
|-------------------------|---|---|-----|-----|------|-----|-----|
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES      | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 794  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING      AID CODE

| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @COUNTY HOSPITAL TOTAL       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                            |   |   |     |     |      |     |     |
|----------------------------|---|---|-----|-----|------|-----|-----|
| CO HOSP OUTPATIENT TOTAL   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE                   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      795  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING      AID CODE

| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| COMM HOSP INPATIENT TOTAL    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| ICF DDH                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DD                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DDN/DDCN                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEMODIALYSIS CENTER          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @REHABILITATION FACILITY     | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INDEPENDENT FACILITY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @LABORATORY FACILITY         | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| XO AND OTHERS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @ORGANIZED OUTPATIENT CLINIC | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| CLINIC                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                     |   |   |     |     |      |     |     |
|---------------------|---|---|-----|-----|------|-----|-----|
| SURGICENTER         | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 796  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING      AID CODE

| 00 ELIGIBLES                   | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS           | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| BLOOD BANK                     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HEARING AID DISPENSERS         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| MEDICAL TRANSPORTATION         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| AMBULANCES/AIR TRANS           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER TRANS                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACUPUNCTURE                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| GENETIC DISEASE TESTING        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OCCUPATIONAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OPTICIAN                       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PHYSICAL THERAPIST             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PORTABLE X-RAY                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PROSTHETICS                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ORTHOTICS                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PSYCHOLOGIST                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SPEECH AND AUDIOLOGY           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HOSPICE SERVICES               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NONINST BIRTHING CENTERS       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LOCAL EDUCATION AGENCIES       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RESPIRATORY CARE PRACT.        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER PROVIDERS            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @CALIF. CHILDREN SERVICES*     | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| @XOVER EXCLUDING STATE HOSP**  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 797  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT      AID CODE

| 14 ELIGIBLES          | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 5     | 27                                  | \$ 644.02    | \$ 23.85                     | 1.929                                     | \$ 128.80        | \$ 46.00             |
| @PHYSICIANS SERVICES  | 3     | 3                                   | \$ 258.81    | \$ 86.27                     | .214                                      | \$ 86.27         | \$ 18.49             |
| OUTPATIENT VISITS     | 2     | 2                                   | 213.05       | 106.53                       | .143                                      | 106.53           | 15.22                |
| OFFICE VISITS         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HOME VISITS           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EMERGENCY ROOM        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PREVENTIVE CARE       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OB VISITS/COMPRE PERI | 2     | 2                                   | 213.05       | 106.53                       | .143                                      | 106.53           | 15.22                |

|                            |   |   |         |         |      |         |        |
|----------------------------|---|---|---------|---------|------|---------|--------|
| OTHER OUTPATIENT           | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| INPATIENT VISITS           | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| HOSPITAL VISITS            | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| CRITICAL CARE              | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| SNF/ICF/TRANS IP CARE      | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| OPHTHALMOLOGICAL SERVICES  | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| EXAMINATIONS               | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| SERVICES AND MATERIALS     | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| PRINCIPAL SURGEON          | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| ASSISTANT SURGEON          | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| ANESTHESIOLOGIST           | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| OUTPATIENT SURGERY         | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| PRINCIPAL SURGEON          | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| ASSISTANT SURGEON          | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| ANESTHESIOLOGIST           | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| DIALYSIS                   | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| PATHOLOGY                  | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| RADIOLOGY                  | 1 | 1 | 45.76   | 45.76   | .071 | 45.76   | 3.27   |
| PSYCHIATRY                 | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| @PHARMACY                  | 1 | 2 | \$ 9.67 | \$ 4.84 | .143 | \$ 9.67 | \$ .69 |
| PRESCRIPTION DRUGS         | 1 | 2 | 9.67    | 4.84    | .143 | 9.67    | .69    |
| SNF/ICF                    | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| OUTPATIENTS                | 1 | 2 | 9.67    | 4.84    | .143 | 9.67    | .69    |
| MEDICAL SUPPLIES           | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| @DENTIST                   | 0 | 0 | \$ .00  | \$ .00  | .000 | \$ .00  | \$ .00 |
| VISITS - DIAGNOSTIC        | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| ORAL SURGERY               | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| DRUGS                      | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| ANESTHESIA                 | 0 | 0 | .00     | .00     | .000 | .00     | .00    |

|                         |   |   |     |     |      |     |     |
|-------------------------|---|---|-----|-----|------|-----|-----|
| PERIODONTICS            | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS             | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS             | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES      | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      798  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR    48 MIA - NO SOC - PREGNANT      AID CODE

| 14 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 3     | 20                                  | \$ 341.16    | \$ 17.06                     | 1.429                                     | \$ 113.72        | \$ 24.37             |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 3     | 20                                  | 341.16       | 17.06                        | 1.429                                     | 113.72           | 24.37                |
| MEDICAL                      | 1     | 1                                   | 93.96        | 93.96                        | .071                                      | 93.96            | 6.71                 |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PATHOLOGY                    | 3     | 16                                  | 158.91       | 9.93                         | 1.143                                     | 52.97            | 11.35                |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ROOM USE                     | 2     | 2                                   | 80.39        | 40.20                        | .143                                      | 40.20            | 5.74                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 1     | 1                                   | 7.90         | 7.90                         | .071                                      | 7.90             | .56                  |
| @COUNTY HOSPITAL TOTAL       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

|  |       |                                     |              |                              |                        |                  |                      |
|--|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| ADMINISTRATIVE DAYS  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CO HOSP OUTPATIENT TOTAL   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |       |                                     |              |                              |                        |                  |                      |
| MOP024 FEE-FOR-SERVICE/DENTAL  |       |                                     |              |                              |                        |                  |                      |
| AMADOR COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT   |       |                                     |              |                              |                        |                  |                      |
| AID CODE   |       |                                     |              |                              |                        |                  |                      |
| ----- MONTHLY AVERAGE -----  |       |                                     |              |                              |                        |                  |                      |
| 14 ELIGIBLES   | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL  | 3     | 20                                  | \$ 341.16    | \$ 17.06                     | 1.429                  | \$ 113.72        | \$ 24.37             |
| COMM HOSP INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 3     | 20                                  | 341.16       | 17.06                        | 1.429                  | 113.72           | 24.37                |
| MEDICAL  | 1     | 1                                   | 93.96        | 93.96                        | .071                   | 93.96            | 6.71                 |
| SURGERY  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY  | 3     | 16                                  | 158.91       | 9.93                         | 1.143                  | 52.97            | 11.35                |
| RADIOLOGY  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE   | 2     | 2                                   | 80.39        | 40.20                        | .143                   | 40.20            | 5.74                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 1     | 1                                   | 7.90         | 7.90                         | .071                   | 7.90             | .56                  |
| @STATE HOSPITAL  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD   | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| ICF DDH  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DD   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DDN/DDCN   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HEMODIALYSIS TOTAL  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEMODIALYSIS CENTER  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @REHABILITATION FACILITY   | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |



|                              |   |   |    |       |    |      |      |     |              |
|------------------------------|---|---|----|-------|----|------|------|-----|--------------|
| INDEPENDENT FACILITY         | 0 | 0 |    | .00   |    | .00  | .000 | .00 | .00          |
| @LABORATORY FACILITY         | 1 | 2 | \$ | 10.38 | \$ | 5.19 | .143 | \$  | 10.38 \$ .74 |
| PATHOLOGY                    | 1 | 2 |    | 10.38 |    | 5.19 | .143 |     | 10.38 .74    |
| XO AND OTHERS                | 0 | 0 |    | .00   |    | .00  | .000 |     | .00 .00      |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | 24.00 | \$ | .00  | .000 | \$  | .00 \$ 1.71  |
| CLINIC                       | 0 | 0 |    | .00   |    | .00  | .000 |     | .00 .00      |
| SURGICENTER                  | 0 | 0 |    | .00   |    | .00  | .000 |     | .00 .00      |
| HEROIN DETOX CLINIC          | 0 | 0 |    | .00   |    | .00  | .000 |     | .00 .00      |
| RURAL HEALTH CLINIC          | 0 | 0 |    | 24.00 |    | .00  | .000 |     | .00 1.71     |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 800  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT      AID CODE

| 14 ELIGIBLES                  | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| AMBULANCES/AIR TRANS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER TRANS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACUPUNCTURE                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PHYSICAL THERAPIST            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETICS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ORTHOTICS                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHOLOGIST                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPICE SERVICES              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NONINST BIRTHING CENTERS      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER PROVIDERS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CALIF. CHILDREN SERVICES*    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @XOVER EXCLUDING STATE HOSP** | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |          |
|----------------------------|---|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 801 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC   |          |

| 14 ELIGIBLES          | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 5     | 27                                  | \$ 644.02    | \$ 23.85                     | 1.929                  | \$ 128.80        | \$ 46.00             |
| @PHYSICIANS SERVICES  | 3     | 3                                   | \$ 258.81    | \$ 86.27                     | .214                   | \$ 86.27         | \$ 18.49             |

|                            |   |   |    |        |         |      |         |          |
|----------------------------|---|---|----|--------|---------|------|---------|----------|
| OUTPATIENT VISITS          | 2   | 2 |    | 213.05 | 106.53  | .143 | 106.53  | 15.22    |
| OFFICE VISITS              | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| HOME VISITS                | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| EMERGENCY ROOM             | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| PREVENTIVE CARE            | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| OB VISITS/COMPRE PERI      | 2   | 2 |    | 213.05 | 106.53  | .143 | 106.53  | 15.22    |
| OTHER OUTPATIENT           | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| INPATIENT VISITS           | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| HOSPITAL VISITS            | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| CRITICAL CARE              | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| SNF/ICF/TRANS IP CARE      | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| OPHTHALMOLOGICAL SERVICES  | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| EXAMINATIONS               | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| SERVICES AND MATERIALS     | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| INPATIENT HOSPITAL SURGERY | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| PRINCIPAL SURGEON          | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| ASSISTANT SURGEON          | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| ANESTHESIOLOGIST           | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| OUTPATIENT SURGERY         | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| PRINCIPAL SURGEON          | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| ASSISTANT SURGEON          | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| ANESTHESIOLOGIST           | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| DIALYSIS                   | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| PATHOLOGY                  | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| RADIOLOGY                  | 1   | 1 |    | 45.76  | 45.76   | .071 | 45.76   | 3.27     |
| PSYCHIATRY                 | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| IMMUNIZATION AND INJECTION | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| OTHER SERVICES/ALL X-OVERS | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| @PHARMACY                  | 1   | 2 | \$ | 9.67   | \$ 4.84 | .143 | \$ 9.67 | \$ .69   |
| PRESCRIPTION DRUGS         | 1   | 2 |    | 9.67   | 4.84    | .143 | 9.67    | .69      |
| SNF/ICF                    | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| OUTPATIENTS                | 1   | 2 |    | 9.67   | 4.84    | .143 | 9.67    | .69      |
| MEDICAL SUPPLIES           | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| @DENTIST                   | 0   | 0 | \$ | .00    | \$ .00  | .000 | \$ .00  | \$ .00   |
| VISITS - DIAGNOSTIC        | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| ORAL SURGERY               | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| DRUGS                      | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| ANESTHESIA                 | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| PERIODONTICS               | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| ENDODONTICS                | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| RESTORATIVE DENTISTRY      | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| PROSTHETICS                | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| DENTURES, STAYPLATES       | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| SPACE MAINTAINERS          | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| MAXILLOFACIAL SERVICES     | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| FRACTURES, DISLOCATIONS    | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| ORTHODONTIC SERVICES       | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| ALL OTHER SERVICES         | 0   | 0 |    | .00    | .00     | .000 | .00     | .00      |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |   |    |        |         |      |         | PAGE 802 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |   |    |        |         |      |         | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC   |   |    |        |         |      |         |          |

|                            | 14 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST               | 0            | 0     | \$                                  | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED | 0            | 0     |                                     | .00          | .00                          | .000                                      | .00              | .00                  |

|                              |   |    |    |        |    |       |       |           |          |
|------------------------------|---|----|----|--------|----|-------|-------|-----------|----------|
| EYE APPLIANCES               | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| OTHER OPTOMETRIC SERVICES    | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| @CHIROPRACTOR                | 0 | 0  | \$ | .00    | \$ | .00   | .000  | \$ .00    | \$ .00   |
| VISITS                       | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| OTHER SERVICES               | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| @PODIATRIST                  | 0 | 0  | \$ | .00    | \$ | .00   | .000  | \$ .00    | \$ .00   |
| MEDICINE/INJECTIONS          | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| SURGERY/ANES.                | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| RADIO./PATHOLOGY             | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| OTHER                        | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| @HOME HEALTH AGENCY          | 0 | 0  | \$ | .00    | \$ | .00   | .000  | \$ .00    | \$ .00   |
| NURSE ANESTHESIST            | 0 | 0  | \$ | .00    | \$ | .00   | .000  | \$ .00    | \$ .00   |
| NURSE MIDWIFE                | 0 | 0  | \$ | .00    | \$ | .00   | .000  | \$ .00    | \$ .00   |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0  | \$ | .00    | \$ | .00   | .000  | \$ .00    | \$ .00   |
| FAMILY NURSE PRACTITIONER    | 0 | 0  | \$ | .00    | \$ | .00   | .000  | \$ .00    | \$ .00   |
| @TOTAL HOSPITAL              | 3 | 20 | \$ | 341.16 | \$ | 17.06 | 1.429 | \$ 113.72 | \$ 24.37 |
| HOSP INPATIENT TOTAL         | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| HSC HOSPITALS                | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| NON-HSC HOSPITAL TOTAL       | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| ACCOMMODATIONS               | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| ADMINISTRATIVE DAYS          | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| TRANSITIONAL IP CARE         | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| ALL OTHER ACCOM              | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| ANCILLARIES                  | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| INPATIENT CROSSOVERS         | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| ALL OTHER INPATIENT          | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| HOSP OUTPATIENT TOTAL        | 3 | 20 |    | 341.16 |    | 17.06 | 1.429 | 113.72    | 24.37    |
| MEDICAL                      | 1 | 1  |    | 93.96  |    | 93.96 | .071  | 93.96     | 6.71     |
| SURGERY                      | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| PATHOLOGY                    | 3 | 16 |    | 158.91 |    | 9.93  | 1.143 | 52.97     | 11.35    |
| RADIOLOGY                    | 0 | 0  |    | .00    |    | .00   | .000  | .00       | .00      |
| ROOM USE                     | 2 | 2  |    | 80.39  |    | 40.20 | .143  | 40.20     | 5.74     |

|                             |   |   |      |      |      |      |     |
|-----------------------------|---|---|------|------|------|------|-----|
| CROSSEOVERS/ALL OTH OUTPTNT | 1 | 1 | 7.90 | 7.90 | .071 | 7.90 | .56 |
| @COUNTY HOSPITAL TOTAL      | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| HSC HOSPITALS               | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| NON-HSC HOSPITALS TOTAL     | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| ACCOMMODATIONS              | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| ADMINISTRATIVE DAYS         | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| TRANSITIONAL IP CARE        | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| ALL OTHER ACCOM             | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| ANCILLARIES                 | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| INPATIENT CROSSEOVERS       | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| ALL OTHER INPATIENT         | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| CO HOSP OUTPATIENT TOTAL    | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| MEDICAL                     | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| SURGERY                     | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| PATHOLOGY                   | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| RADIOLOGY                   | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| ROOM USE                    | 0 | 0 | .00  | .00  | .000 | .00  | .00 |
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00  | .00  | .000 | .00  | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 803  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

| 14 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL    | 3     | 20                                  | \$ 341.16    | \$ 17.06                     | 1.429                  | \$ 113.72        | \$ 24.37             |
| COMM HOSP INPATIENT TOTAL    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSEOVERS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 3     | 20                                  | 341.16       | 17.06                        | 1.429                  | 113.72           | 24.37                |
| MEDICAL                      | 1     | 1                                   | 93.96        | 93.96                        | .071                   | 93.96            | 6.71                 |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 3     | 16                                  | 158.91       | 9.93                         | 1.143                  | 52.97            | 11.35                |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 2     | 2                                   | 80.39        | 40.20                        | .143                   | 40.20            | 5.74                 |
| CROSSEOVERS/ALL OTH OUTPTNT  | 1     | 1                                   | 7.90         | 7.90                         | .071                   | 7.90             | .56                  |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| ICF DDH                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DD                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |   |   |    |       |    |      |      |          |         |
|------------------------------|---|---|----|-------|----|------|------|----------|---------|
| ICF DDN/DDCN                 | 0 | 0 |    | .00   |    | .00  | .000 | .00      | .00     |
| @HEMODIALYSIS TOTAL          | 0 | 0 | \$ | .00   | \$ | .00  | .000 | \$ .00   | \$ .00  |
| HOSPITAL BASED               | 0 | 0 |    | .00   |    | .00  | .000 | .00      | .00     |
| HEMODIALYSIS CENTER          | 0 | 0 |    | .00   |    | .00  | .000 | .00      | .00     |
| @REHABILITATION FACILITY     | 0 | 0 | \$ | .00   | \$ | .00  | .000 | \$ .00   | \$ .00  |
| HOSPITAL BASED               | 0 | 0 |    | .00   |    | .00  | .000 | .00      | .00     |
| INDEPENDENT FACILITY         | 0 | 0 |    | .00   |    | .00  | .000 | .00      | .00     |
| @LABORATORY FACILITY         | 1 | 2 | \$ | 10.38 | \$ | 5.19 | .143 | \$ 10.38 | \$ .74  |
| PATHOLOGY                    | 1 | 2 |    | 10.38 |    | 5.19 | .143 | 10.38    | .74     |
| XO AND OTHERS                | 0 | 0 |    | .00   |    | .00  | .000 | .00      | .00     |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | 24.00 | \$ | .00  | .000 | \$ .00   | \$ 1.71 |
| CLINIC                       | 0 | 0 |    | .00   |    | .00  | .000 | .00      | .00     |
| SURGICENTER                  | 0 | 0 |    | .00   |    | .00  | .000 | .00      | .00     |
| HEROIN DETOX CLINIC          | 0 | 0 |    | .00   |    | .00  | .000 | .00      | .00     |
| RURAL HEALTH CLINIC          | 0 | 0 |    | 24.00 |    | .00  | .000 | .00      | 1.71    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 804  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

| 14 ELIGIBLES                  | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|
|                               |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER |
| @ALL OTHER PROVIDERS          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           |
| DURABLE MED. EQUIP.           | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| BLOOD BANK                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| HEARING AID DISPENSERS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| MEDICAL TRANSPORTATION        | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| AMBULANCES/AIR TRANS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OTHER TRANS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OTHER SERVICES                | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| ACUPUNCTURE                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| GENETIC DISEASE TESTING       | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OPTICIAN                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PHYSICAL THERAPIST            | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PORTABLE X-RAY                | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PROSTHETIST/ORTHOTISTS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PROSTHETICS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| ORTHOTICS                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PSYCHOLOGIST                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| SPEECH AND AUDIOLOGY          | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| HOSPICE SERVICES              | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| NONINST BIRTHING CENTERS      | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| LOCAL EDUCATION AGENCIES      | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| RESPIRATORY CARE PRACT.       | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| ALL OTHER PROVIDERS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| @CALIF. CHILDREN SERVICES*    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           |
| @XOVER EXCLUDING STATE HOSP** | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |          |
|----------------------------|---|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 805 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03 |

## AMADOR COUNTY

## SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

## AID CODE

| 02 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | MONTHLY AVERAGE              |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 7     | 223                                 | \$ 20,955.56 | \$ 93.97                     | 111.500                | \$ 2993.65       | \$ 10477.78          |
| @PHYSICIANS SERVICES       | 3     | 10                                  | \$ 285.65    | \$ 28.57                     | 5.000                  | \$ 95.22         | \$ 142.83            |
| OUTPATIENT VISITS          | 1     | 3                                   | 85.50        | 28.50                        | 1.500                  | 85.50            | 42.75                |
| OFFICE VISITS              | 1     | 3                                   | 85.50        | 28.50                        | 1.500                  | 85.50            | 42.75                |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS           | 2     | 5                                   | 132.30       | 26.46                        | 2.500                  | 66.15            | 66.15                |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 2     | 5                                   | 132.30       | 26.46                        | 2.500                  | 66.15            | 66.15                |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 1     | 1                                   | 5.90         | 5.90                         | .500                   | 5.90             | 2.95                 |
| RADIOLOGY                  | 1     | 1                                   | 61.95        | 61.95                        | .500                   | 61.95            | 30.98                |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PHARMACY                  | 3     | 17                                  | \$ 2,643.23  | \$ 155.48                    | 8.500                  | \$ 881.08        | \$ 1321.62           |
| PRESCRIPTION DRUGS         | 3     | 17                                  | 2,643.23     | 155.48                       | 8.500                  | 881.08           | 1321.62              |
| SNF/ICF                    | 3     | 15                                  | 590.65       | 39.38                        | 7.500                  | 196.88           | 295.33               |
| OUTPATIENTS                | 2     | 2                                   | 2,052.58     | 1026.29                      | 1.000                  | 1026.29          | 1026.29              |
| MEDICAL SUPPLIES           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @DENTIST                   | 1     | 1                                   | \$ 25.00     | \$ 25.00                     | .500                   | \$ 25.00         | \$ 12.50             |
| VISITS - DIAGNOSTIC        | 1     | 1                                   | 25.00        | 25.00                        | .500                   | 25.00            | 12.50                |
| ORAL SURGERY               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DRUGS                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIA                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PERIODONTICS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ENDODONTICS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESTORATIVE DENTISTRY      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETICS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DENTURES, STAYPLATES       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPACE MAINTAINERS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MAXILLOFACIAL SERVICES     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| FRACTURES, DISLOCATIONS    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ORTHODONTIC SERVICES       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER SERVICES         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

## AMADOR COUNTY

## SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

## AID CODE

| 02 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | MONTHLY AVERAGE              |                        |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 3     | 5                                   | \$ 356.08    | \$ 71.22                     | 2.500                  | \$ 118.69        | \$ 178.04            |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 3     | 5                                   | 356.08       | 71.22                        | 2.500                  | 118.69           | 178.04               |
| MEDICAL                      | 1     | 1                                   | 116.97       | 116.97                       | .500                   | 116.97           | 58.49                |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 1     | 1                                   | 2.32         | 2.32                         | .500                   | 2.32             | 1.16                 |
| RADIOLOGY                    | 1     | 1                                   | 195.71       | 195.71                       | .500                   | 195.71           | 97.86                |
| ROOM USE                     | 1     | 1                                   | 35.51        | 35.51                        | .500                   | 35.51            | 17.76                |
| CROSSOVERS/ALL OTH OUTPTNT   | 1     | 1                                   | 5.57         | 5.57                         | .500                   | 5.57             | 2.79                 |
| @COUNTY HOSPITAL TOTAL       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CO HOSP OUTPATIENT TOTAL     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

| 02 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AID CODE                     |                        |                  |                      |  |
|-----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|--|
|                             |       |                                     |              | ----- MONTHLY AVERAGE -----  |                        |                  |                      |  |
|                             |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @COMMUNITY HOSPITAL TOTAL   | 3     | 5                                   | \$ 356.08    | \$ 71.22                     | 2.500                  | \$ 118.69        | \$ 178.04            |  |
| COMM HOSP INPATIENT TOTAL   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| HSC HOSPITALS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| NON-HSC HOSPITALS TOTAL     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| ACCOMMODATIONS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| ADMINISTRATIVE DAYS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| TRANSITIONAL IP CARE        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| ALL OTHER ACCOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| ANCILLARIES                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| INPATIENT CROSSTOVERS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| ALL OTHER INPATIENT         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| COMM HOSP OUTPATIENT TOTAL  | 3     | 5                                   | 356.08       | 71.22                        | 2.500                  | 118.69           | 178.04               |  |
| MEDICAL                     | 1     | 1                                   | 116.97       | 116.97                       | .500                   | 116.97           | 58.49                |  |
| SURGERY                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| PATHOLOGY                   | 1     | 1                                   | 2.32         | 2.32                         | .500                   | 2.32             | 1.16                 |  |
| RADIOLOGY                   | 1     | 1                                   | 195.71       | 195.71                       | .500                   | 195.71           | 97.86                |  |
| ROOM USE                    | 1     | 1                                   | 35.51        | 35.51                        | .500                   | 35.51            | 17.76                |  |
| CROSSTOVERS/ALL OTH OUTPTNT | 1     | 1                                   | 5.57         | 5.57                         | .500                   | 5.57             | 2.79                 |  |
| @STATE HOSPITAL             | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |
| MENTALLY ILL                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| DEVELOP. DISABLED           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| @NURSING FACILITY           | 3     | 190                                 | \$ 17,645.60 | \$ 92.87                     | 95.000                 | \$ 5881.87       | \$ 8822.80           |  |
| LEV A-INTERMEDIATE          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| LEV B-REHAB MD              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| LEV B-SUBACUTE FREESTANDING | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |



|                              |   |     |           |        |        |         |          |
|------------------------------|---|-----|-----------|--------|--------|---------|----------|
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0   | .00       | .00    | .000   | .00     | .00      |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0   | .00       | .00    | .000   | .00     | .00      |
| LEV B-REGULAR                | 3   | 190 | 17,645.60 | 92.87  | 95.000 | 5881.87 | 8822.80  |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0   | \$ .00    | \$ .00 | .000   | \$ .00  | \$ .00   |
| ICF DDH                      | 0   | 0   | .00       | .00    | .000   | .00     | .00      |
| ICF DD                       | 0   | 0   | .00       | .00    | .000   | .00     | .00      |
| ICF DDN/DDCN                 | 0   | 0   | .00       | .00    | .000   | .00     | .00      |
| @HEMODIALYSIS TOTAL          | 0   | 0   | \$ .00    | \$ .00 | .000   | \$ .00  | \$ .00   |
| HOSPITAL BASED               | 0   | 0   | .00       | .00    | .000   | .00     | .00      |
| HEMODIALYSIS CENTER          | 0   | 0   | .00       | .00    | .000   | .00     | .00      |
| @REHABILITATION FACILITY     | 0   | 0   | \$ .00    | \$ .00 | .000   | \$ .00  | \$ .00   |
| HOSPITAL BASED               | 0   | 0   | .00       | .00    | .000   | .00     | .00      |
| INDEPENDENT FACILITY         | 0   | 0   | .00       | .00    | .000   | .00     | .00      |
| @LABORATORY FACILITY         | 0   | 0   | \$ .00    | \$ .00 | .000   | \$ .00  | \$ .00   |
| PATHOLOGY                    | 0   | 0   | .00       | .00    | .000   | .00     | .00      |
| XO AND OTHERS                | 0   | 0   | .00       | .00    | .000   | .00     | .00      |
| @ORGANIZED OUTPATIENT CLINIC | 0   | 0   | \$ .00    | \$ .00 | .000   | \$ .00  | \$ .00   |
| CLINIC                       | 0   | 0   | .00       | .00    | .000   | .00     | .00      |
| SURGICENTER                  | 0   | 0   | .00       | .00    | .000   | .00     | .00      |
| HEROIN DETOX CLINIC          | 0   | 0   | .00       | .00    | .000   | .00     | .00      |
| RURAL HEALTH CLINIC          | 0   | 0   | .00       | .00    | .000   | .00     | .00      |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |     |           |        |        |         | PAGE 808 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |     |           |        |        |         | 01/17/03 |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC  |     |           |        |        |         |          |

|                                |       |                                     |              | AID CODE                     |                        | ----- MONTHLY AVERAGE ----- |                      |  |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 02 ELIGIBLES                   | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER            | COST PER<br>ELIGIBLE |  |
| @ALL OTHER PROVIDERS           | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00                      | \$ .00               |  |
| DURABLE MED. EQUIP.            | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| BLOOD BANK                     | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| HEARING AID DISPENSERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| MEDICAL TRANSPORTATION         | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| AMBULANCES/AIR TRANS           | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| OTHER TRANS                    | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| OTHER SERVICES                 | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| ACUPUNCTURE                    | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| GENETIC DISEASE TESTING        | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| OCCUPATIONAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| OPTICIAN                       | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| PHYSICAL THERAPIST             | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| PORTABLE X-RAY                 | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| PROSTHETIST/ORTHOTISTS         | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| PROSTHETICS                    | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| ORTHOTICS                      | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| PSYCHOLOGIST                   | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| SPEECH AND AUDIOLOGY           | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| HOSPICE SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| NONINST BIRTHING CENTERS       | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| LOCAL EDUCATION AGENCIES       | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| RESPIRATORY CARE PRACT.        | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| ALL OTHER PROVIDERS            | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| @CALIF. CHILDREN SERVICES*     | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00                      | \$ .00               |  |

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 809  
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

AID CODE

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @PHYSICIANS SERVICES       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| OUTPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OFFICE VISITS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PHARMACY                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PRESCRIPTION DRUGS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENTS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL SUPPLIES           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @DENTIST                   | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS - DIAGNOSTIC        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ORAL SURGERY               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DRUGS                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIA                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PERIODONTICS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ENDODONTICS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESTORATIVE DENTISTRY      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETICS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DENTURES, STAYPLATES       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPACE MAINTAINERS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                         |   |   |     |     |      |     |     |
|-------------------------|---|---|-----|-----|------|-----|-----|
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES      | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 810  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT      AID CODE

| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @COUNTY HOSPITAL TOTAL       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                            |   |   |     |     |      |     |     |
|----------------------------|---|---|-----|-----|------|-----|-----|
| CO HOSP OUTPATIENT TOTAL   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE                   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 811  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT      AID CODE

| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| COMM HOSP INPATIENT TOTAL    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| ICF DDH                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DD                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DDN/DDCN                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEMODIALYSIS CENTER          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @REHABILITATION FACILITY     | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INDEPENDENT FACILITY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @LABORATORY FACILITY         | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| XO AND OTHERS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @ORGANIZED OUTPATIENT CLINIC | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| CLINIC                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                     |   |   |     |     |      |     |     |
|---------------------|---|---|-----|-----|------|-----|-----|
| SURGICENTER         | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 812  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT      AID CODE

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS       | 0     | 0                                   | \$ .00       | \$ .00                       | .000   | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.        | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| AMBULANCES/AIR TRANS       | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| OPTICIAN                   | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS     | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| PROSTHETICS                | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| ORTHOTICS                  | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| PSYCHOLOGIST               | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| SPEECH AND AUDIOLOGY       | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| HOSPICE SERVICES           | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |
| NONINST BIRTHING CENTERS   | 0     | 0                                   | .00          | .00                          | .000   | .00              | .00                  |

|                               |   |   |        |        |      |        |        |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| LOCAL EDUCATION AGENCIES      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| EPSDT SUPPLEMENTAL SERVICE    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESPIRATORY CARE PRACT.       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PED SUBACUTE REHAB/WEANING    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER PROVIDERS           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @CALIF. CHILDREN SERVICES*    | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |  |  |          |
|----------------------------|--|--|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES       | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 813 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL                   |  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 52 ALL MIA - SOC |  |          |

| 02 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 7     | 223                                 | \$ 20,955.56 | \$ 93.97                     | 111.500                                   | \$ 2993.65       | \$ 10477.78          |
| @PHYSICIANS SERVICES       | 3     | 10                                  | \$ 285.65    | \$ 28.57                     | 5.000                                     | \$ 95.22         | \$ 142.83            |
| OUTPATIENT VISITS          | 1     | 3                                   | 85.50        | 28.50                        | 1.500                                     | 85.50            | 42.75                |
| OFFICE VISITS              | 1     | 3                                   | 85.50        | 28.50                        | 1.500                                     | 85.50            | 42.75                |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT VISITS           | 2     | 5                                   | 132.30       | 26.46                        | 2.500                                     | 66.15            | 66.15                |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 2     | 5                                   | 132.30       | 26.46                        | 2.500                                     | 66.15            | 66.15                |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PATHOLOGY                  | 1     | 1                                   | 5.90         | 5.90                         | .500                                      | 5.90             | 2.95                 |
| RADIOLOGY                  | 1     | 1                                   | 61.95        | 61.95                        | .500                                      | 61.95            | 30.98                |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @PHARMACY                  | 3     | 17                                  | \$ 2,643.23  | \$ 155.48                    | 8.500                                     | \$ 881.08        | \$ 1321.62           |
| PRESCRIPTION DRUGS         | 3     | 17                                  | 2,643.23     | 155.48                       | 8.500                                     | 881.08           | 1321.62              |
| SNF/ICF                    | 3     | 15                                  | 590.65       | 39.38                        | 7.500                                     | 196.88           | 295.33               |
| OUTPATIENTS                | 2     | 2                                   | 2,052.58     | 1026.29                      | 1.000                                     | 1026.29          | 1026.29              |
| MEDICAL SUPPLIES           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @DENTIST                   | 1     | 1                                   | \$ 25.00     | \$ 25.00                     | .500                                      | \$ 25.00         | \$ 12.50             |
| VISITS - DIAGNOSTIC        | 1     | 1                                   | 25.00        | 25.00                        | .500                                      | 25.00            | 12.50                |
| ORAL SURGERY               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| DRUGS                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANESTHESIA                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

|                         |   |   |     |     |      |     |     |
|-------------------------|---|---|-----|-----|------|-----|-----|
| PERIODONTICS            | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS             | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS             | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES      | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 814  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

| 02 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NURSE MIDWIFE                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @TOTAL HOSPITAL              | 3     | 5                                   | \$ 356.08    | \$ 71.22                     | 2.500                                     | \$ 118.69        | \$ 178.04            |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 3     | 5                                   | 356.08       | 71.22                        | 2.500                                     | 118.69           | 178.04               |
| MEDICAL                      | 1     | 1                                   | 116.97       | 116.97                       | .500                                      | 116.97           | 58.49                |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PATHOLOGY                    | 1     | 1                                   | 2.32         | 2.32                         | .500                                      | 2.32             | 1.16                 |
| RADIOLOGY                    | 1     | 1                                   | 195.71       | 195.71                       | .500                                      | 195.71           | 97.86                |
| ROOM USE                     | 1     | 1                                   | 35.51        | 35.51                        | .500                                      | 35.51            | 17.76                |
| CROSSOVERS/ALL OTH OUTPTNT   | 1     | 1                                   | 5.57         | 5.57                         | .500                                      | 5.57             | 2.79                 |
| @COUNTY HOSPITAL TOTAL       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

|                            |   |   |     |     |      |     |     |
|----------------------------|---|---|-----|-----|------|-----|-----|
| ADMINISTRATIVE DAYS        | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM            | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES                | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT        | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE                   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 815  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

| 02 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS      COST PER      COST PER<br>PER ELIG      USER      ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|
| @COMMUNITY HOSPITAL TOTAL    | 3     | 5                                   | \$ 356.08    | \$ 71.22                     | 2.500      \$ 118.69      \$ 178.04   |
| COMM HOSP INPATIENT TOTAL    | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| COMM HOSP OUTPATIENT TOTAL   | 3     | 5                                   | 356.08       | 71.22                        | 2.500      118.69      178.04   |
| MEDICAL                      | 1     | 1                                   | 116.97       | 116.97                       | .500      116.97      58.49   |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| PATHOLOGY                    | 1     | 1                                   | 2.32         | 2.32                         | .500      2.32      1.16  |
| RADIOLOGY                    | 1     | 1                                   | 195.71       | 195.71                       | .500      195.71      97.86   |
| ROOM USE                     | 1     | 1                                   | 35.51        | 35.51                        | .500      35.51      17.76  |
| CROSSOVERS/ALL OTH OUTPTNT   | 1     | 1                                   | 5.57         | 5.57                         | .500      5.57      2.79  |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000      \$ .00      \$ .00  |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| @NURSING FACILITY            | 3     | 190                                 | \$ 17,645.60 | \$ 92.87                     | 95.000      \$ 5881.87      \$ 8822.80  |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| LEV B-REGULAR                | 3     | 190                                 | 17,645.60    | 92.87                        | 95.000      5881.87      8822.80  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000      \$ .00      \$ .00  |
| ICF DDH                      | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| ICF DD                       | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| ICF DDN/DDCN                 | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| @HEMODIALYSIS TOTAL          | 0     | 0                                   | \$ .00       | \$ .00                       | .000      \$ .00      \$ .00  |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| HEMODIALYSIS CENTER          | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |
| @REHABILITATION FACILITY     | 0     | 0                                   | \$ .00       | \$ .00                       | .000      \$ .00      \$ .00  |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000      .00      .00  |



|                              |   |   |    |     |     |      |     |     |
|------------------------------|---|---|----|-----|-----|------|-----|-----|
| INDEPENDENT FACILITY         | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY         | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| PATHOLOGY                    | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS                | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| CLINIC                       | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER                  | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      816  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

| 02 ELIGIBLES                  | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| BLOOD BANK                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HEARING AID DISPENSERS        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| MEDICAL TRANSPORTATION        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| AMBULANCES/AIR TRANS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER TRANS                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACUPUNCTURE                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| GENETIC DISEASE TESTING       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OPTICIAN                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PHYSICAL THERAPIST            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PORTABLE X-RAY                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PROSTHETICS                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ORTHOTICS                     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PSYCHOLOGIST                  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SPEECH AND AUDIOLOGY          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HOSPICE SERVICES              | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NONINST BIRTHING CENTERS      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LOCAL EDUCATION AGENCIES      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RESPIRATORY CARE PRACT.       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER PROVIDERS           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @CALIF. CHILDREN SERVICES*    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| @XOVER EXCLUDING STATE HOSP** | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      817  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

| 00 ELIGIBLES          | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| @PHYSICIANS SERVICES  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |

|                            |   |   |        |        |      |        |        |
|----------------------------|---|---|--------|--------|------|--------|--------|
| OUTPATIENT VISITS          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OFFICE VISITS              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HOME VISITS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| EMERGENCY ROOM             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PREVENTIVE CARE            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OB VISITS/COMPRE PERI      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OTHER OUTPATIENT           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INPATIENT VISITS           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HOSPITAL VISITS            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CRITICAL CARE              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SNF/ICF/TRANS IP CARE      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OPHTHALMOLOGICAL SERVICES  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| EXAMINATIONS               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SERVICES AND MATERIALS     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PRINCIPAL SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ASSISTANT SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIOLOGIST           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OUTPATIENT SURGERY         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PRINCIPAL SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ASSISTANT SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIOLOGIST           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DIALYSIS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PSYCHIATRY                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @PHARMACY                  | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| PRESCRIPTION DRUGS         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SNF/ICF                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OUTPATIENTS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

|                         |   |   |        |        |      |        |        |
|-------------------------|---|---|--------|--------|------|--------|--------|
| MEDICAL SUPPLIES        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @DENTIST                | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| VISITS - DIAGNOSTIC     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORAL SURGERY            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DRUGS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIA              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PERIODONTICS            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ENDODONTICS             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESTORATIVE DENTISTRY   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETICS             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DENTURES, STAYPLATES    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SPACE MAINTAINERS       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORTHODONTIC SERVICES    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER SERVICES      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV  
MOP024  
AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

PAGE 818  
01/17/03

| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

|                             |   |   |        |        |      |        |        |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @COUNTY HOSPITAL TOTAL      | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HSC HOSPITALS               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| NON-HSC HOSPITALS TOTAL     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ACCOMMODATIONS              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ADMINISTRATIVE DAYS         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| TRANSITIONAL IP CARE        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER ACCOM             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANCILLARIES                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INPATIENT CROSSEOVERS       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER INPATIENT         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CO HOSP OUTPATIENT TOTAL    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGERY                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 819  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| COMM HOSP INPATIENT TOTAL    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT CROSSEOVERS        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| CROSSEOVERS/ALL OTH OUTPTNT  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| LEV B-REGULAR                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| ICF DDH                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ICF DD                       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

|                              |   |   |    |     |    |     |      |     |     |
|------------------------------|---|---|----|-----|----|-----|------|-----|-----|
| ICF DDN/DDCN                 | 0 | 0 |    | .00 |    | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL          | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$  | .00 |
| HOSPITAL BASED               | 0 | 0 |    | .00 |    | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER          | 0 | 0 |    | .00 |    | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY     | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$  | .00 |
| HOSPITAL BASED               | 0 | 0 |    | .00 |    | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY         | 0 | 0 |    | .00 |    | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY         | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$  | .00 |
| PATHOLOGY                    | 0 | 0 |    | .00 |    | .00 | .000 | .00 | .00 |
| XO AND OTHERS                | 0 | 0 |    | .00 |    | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$  | .00 |
| CLINIC                       | 0 | 0 |    | .00 |    | .00 | .000 | .00 | .00 |
| SURGICENTER                  | 0 | 0 |    | .00 |    | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC          | 0 | 0 |    | .00 |    | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC          | 0 | 0 |    | .00 |    | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      820  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

| 00 ELIGIBLES                   | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|
|                                |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER |
| @ALL OTHER PROVIDERS           | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           |
| DURABLE MED. EQUIP.            | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| BLOOD BANK                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| HEARING AID DISPENSERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| MEDICAL TRANSPORTATION         | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| AMBULANCES/AIR TRANS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OTHER TRANS                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OTHER SERVICES                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| ACUPUNCTURE                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| GENETIC DISEASE TESTING        | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OCCUPATIONAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OPTICIAN                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PHYSICAL THERAPIST             | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PORTABLE X-RAY                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PROSTHETIST/ORTHOTISTS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PROSTHETICS                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| ORTHOTICS                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PSYCHOLOGIST                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| SPEECH AND AUDIOLOGY           | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| HOSPICE SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| NONINST BIRTHING CENTERS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| LOCAL EDUCATION AGENCIES       | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| RESPIRATORY CARE PRACT.        | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| ALL OTHER PROVIDERS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| @CALIF. CHILDREN SERVICES*     | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           |
| @XOVER EXCLUDING STATE HOSP**  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      821  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

## AMADOR COUNTY

## SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

| 16 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE        |                  | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG | COST PER<br>USER |                      |
| @TOTAL, ALL PROVIDERS      | 12    | 250                                 | \$ 21,599.58 | \$ 86.40                     | 15.625                 | \$ 1799.97       | \$ 1349.97           |
| @PHYSICIANS SERVICES       | 6     | 13                                  | \$ 544.46    | \$ 41.88                     | .813                   | \$ 90.74         | \$ 34.03             |
| OUTPATIENT VISITS          | 3     | 5                                   | 298.55       | 59.71                        | .313                   | 99.52            | 18.66                |
| OFFICE VISITS              | 1     | 3                                   | 85.50        | 28.50                        | .188                   | 85.50            | 5.34                 |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 2     | 2                                   | 213.05       | 106.53                       | .125                   | 106.53           | 13.32                |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS           | 2     | 5                                   | 132.30       | 26.46                        | .313                   | 66.15            | 8.27                 |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 2     | 5                                   | 132.30       | 26.46                        | .313                   | 66.15            | 8.27                 |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 1     | 1                                   | 5.90         | 5.90                         | .063                   | 5.90             | .37                  |
| RADIOLOGY                  | 2     | 2                                   | 107.71       | 53.86                        | .125                   | 53.86            | 6.73                 |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PHARMACY                  | 4     | 19                                  | \$ 2,652.90  | \$ 139.63                    | 1.188                  | \$ 663.23        | \$ 165.81            |
| PRESCRIPTION DRUGS         | 4     | 19                                  | 2,652.90     | 139.63                       | 1.188                  | 663.23           | 165.81               |
| SNF/ICF                    | 3     | 15                                  | 590.65       | 39.38                        | .938                   | 196.88           | 36.92                |
| OUTPATIENTS                | 3     | 4                                   | 2,062.25     | 515.56                       | .250                   | 687.42           | 128.89               |
| MEDICAL SUPPLIES           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @DENTIST                   | 1     | 1                                   | \$ 25.00     | \$ 25.00                     | .063                   | \$ 25.00         | \$ 1.56              |
| VISITS - DIAGNOSTIC        | 1     | 1                                   | 25.00        | 25.00                        | .063                   | 25.00            | 1.56                 |
| ORAL SURGERY               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DRUGS                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIA                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PERIODONTICS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ENDODONTICS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESTORATIVE DENTISTRY      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETICS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DENTURES, STAYPLATES       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPACE MAINTAINERS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MAXILLOFACIAL SERVICES     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| FRACTURES, DISLOCATIONS    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ORTHODONTIC SERVICES       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER SERVICES         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

## AMADOR COUNTY

## SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

| 16 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |  | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|--|------------------|----------------------|
|                              |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      |  |                  |                      |
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        |  | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 6     | 25                                  | \$ 697.24    | \$ 27.89                     | 1.563                       |  | \$ 116.21        | \$ 43.58             |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                        |  | .00              | .00                  |

|                             |   |    |        |        |       |        |          |
|-----------------------------|---|----|--------|--------|-------|--------|----------|
| HOSP OUTPATIENT TOTAL       | 6   | 25 | 697.24 | 27.89  | 1.563 | 116.21 | 43.58    |
| MEDICAL                     | 2   | 2  | 210.93 | 105.47 | .125  | 105.47 | 13.18    |
| SURGERY                     | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| PATHOLOGY                   | 4   | 17 | 161.23 | 9.48   | 1.063 | 40.31  | 10.08    |
| RADIOLOGY                   | 1   | 1  | 195.71 | 195.71 | .063  | 195.71 | 12.23    |
| ROOM USE                    | 3   | 3  | 115.90 | 38.63  | .188  | 38.63  | 7.24     |
| CROSSOVERS/ALL OTH OUTPTNT  | 2   | 2  | 13.47  | 6.74   | .125  | 6.74   | .84      |
| @COUNTY HOSPITAL TOTAL      | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| CO HOSPITAL INPATIENT TOTAL | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| HSC HOSPITALS               | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| NON-HSC HOSPITALS TOTAL     | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| ACCOMMODATIONS              | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| ADMINISTRATIVE DAYS         | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| TRANSITIONAL IP CARE        | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| ALL OTHER ACCOM             | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| ANCILLARIES                 | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| INPATIENT CROSSOVERS        | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| ALL OTHER INPATIENT         | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| CO HOSP OUTPATIENT TOTAL    | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| MEDICAL                     | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| SURGERY                     | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| PATHOLOGY                   | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| RADIOLOGY                   | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| ROOM USE                    | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 0  | .00    | .00    | .000  | .00    | .00      |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |    |        |        |       |        | PAGE 823 |
| MOP024                      | FEE-FOR-SERVICE/DENTAL  |    |        |        |       |        | 01/17/03 |
| AMADOR COUNTY               | SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS                                  |    |        |        |       |        |          |

| 16 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|-----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                             |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL   | 6     | 25                                  | \$ 697.24    | \$ 27.89                     | 1.563                  | \$ 116.21        | \$ 43.58             |
| COMM HOSP INPATIENT TOTAL   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL  | 6     | 25                                  | 697.24       | 27.89                        | 1.563                  | 116.21           | 43.58                |
| MEDICAL                     | 2     | 2                                   | 210.93       | 105.47                       | .125                   | 105.47           | 13.18                |
| SURGERY                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                   | 4     | 17                                  | 161.23       | 9.48                         | 1.063                  | 40.31            | 10.08                |
| RADIOLOGY                   | 1     | 1                                   | 195.71       | 195.71                       | .063                   | 195.71           | 12.23                |
| ROOM USE                    | 3     | 3                                   | 115.90       | 38.63                        | .188                   | 38.63            | 7.24                 |
| CROSSOVERS/ALL OTH OUTPTNT  | 2     | 2                                   | 13.47        | 6.74                         | .125                   | 6.74             | .84                  |
| @STATE HOSPITAL             | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY           | 3     | 190                                 | \$ 17,645.60 | \$ 92.87                     | 11.875                 | \$ 5881.87       | \$ 1102.85           |
| LEV A-INTERMEDIATE          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |



|                              |   |     |    |           |       |        |          |          |
|------------------------------|---|-----|----|-----------|-------|--------|----------|----------|
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0   |    | .00       | .00   | .000   | .00      | .00      |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0   |    | .00       | .00   | .000   | .00      | .00      |
| LEV B-REGULAR                | 3   | 190 |    | 17,645.60 | 92.87 | 11.875 | 5881.87  | 1102.85  |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0   | \$ | .00       | \$    | .000   | \$ .00   | \$ .00   |
| ICF DDH                      | 0   | 0   |    | .00       | .00   | .000   | .00      | .00      |
| ICF DD                       | 0   | 0   |    | .00       | .00   | .000   | .00      | .00      |
| ICF DDN/DDCN                 | 0   | 0   |    | .00       | .00   | .000   | .00      | .00      |
| @HEMODIALYSIS TOTAL          | 0   | 0   | \$ | .00       | \$    | .000   | \$ .00   | \$ .00   |
| HOSPITAL BASED               | 0   | 0   |    | .00       | .00   | .000   | .00      | .00      |
| HEMODIALYSIS CENTER          | 0   | 0   |    | .00       | .00   | .000   | .00      | .00      |
| @REHABILITATION FACILITY     | 0   | 0   | \$ | .00       | \$    | .000   | \$ .00   | \$ .00   |
| HOSPITAL BASED               | 0   | 0   |    | .00       | .00   | .000   | .00      | .00      |
| INDEPENDENT FACILITY         | 0   | 0   |    | .00       | .00   | .000   | .00      | .00      |
| @LABORATORY FACILITY         | 1   | 2   | \$ | 10.38     | \$    | .125   | \$ 10.38 | \$ .65   |
| PATHOLOGY                    | 1   | 2   |    | 10.38     | 5.19  | .125   | 10.38    | .65      |
| XO AND OTHERS                | 0   | 0   |    | .00       | .00   | .000   | .00      | .00      |
| @ORGANIZED OUTPATIENT CLINIC | 0   | 0   | \$ | 24.00     | \$    | .000   | \$ .00   | \$ 1.50  |
| CLINIC                       | 0   | 0   |    | .00       | .00   | .000   | .00      | .00      |
| SURGICENTER                  | 0   | 0   |    | .00       | .00   | .000   | .00      | .00      |
| HEROIN DETOX CLINIC          | 0   | 0   |    | .00       | .00   | .000   | .00      | .00      |
| RURAL HEALTH CLINIC          | 0   | 0   |    | 24.00     | .00   | .000   | .00      | 1.50     |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |     |    |           |       |        |          | PAGE 824 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |     |    |           |       |        |          | 01/17/03 |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS                                  |     |    |           |       |        |          |          |

| 16 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| AMBULANCES/AIR TRANS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETICS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ORTHOTICS                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHOLOGIST               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPICE SERVICES           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NONINST BIRTHING CENTERS   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER PROVIDERS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CALIF. CHILDREN SERVICES* | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 825  
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
 AMADOR COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

| 3,979 ELIGIBLES            | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 3,380 | 72,696                              | \$ 4,546,230.84 | \$ 62.54                     | 18.270  | \$ 1345.04       | \$ 1142.56           |
| @PHYSICIANS SERVICES       | 559   | 1,644                               | \$ 22,090.75    | \$ 13.44                     | .413  | \$ 39.52         | \$ 5.55              |
| OUTPATIENT VISITS          | 4     | 5                                   | 190.90          | 38.18                        | .001  | 47.73            | .05                  |
| OFFICE VISITS              | 4     | 5                                   | 190.90          | 38.18                        | .001  | 47.73            | .05                  |
| HOME VISITS                | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| INPATIENT VISITS           | 2     | 10                                  | 377.71          | 37.77                        | .003  | 188.86           | .09                  |
| HOSPITAL VISITS            | 2     | 10                                  | 377.71          | 37.77                        | .003  | 188.86           | .09                  |
| CRITICAL CARE              | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 1     | 1                                   | 236.41          | 236.41                       | .000  | 236.41           | .06                  |
| PRINCIPAL SURGEON          | 1     | 1                                   | 236.41          | 236.41                       | .000  | 236.41           | .06                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| RADIOLOGY                  | 4     | 8                                   | 273.41          | 34.18                        | .002  | 68.35            | .07                  |
| PSYCHIATRY                 | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 553   | 1,620                               | 21,012.32       | 12.97                        | .407  | 38.00            | 5.28                 |
| @PHARMACY                  | 2,797 | 18,721                              | \$ 724,131.92   | \$ 38.68                     | 4.705   | \$ 258.90        | \$ 181.99            |
| PRESCRIPTION DRUGS         | 2,785 | 12,974                              | 716,530.21      | 55.23                        | 3.261   | 257.28           | 180.08               |
| SNF/ICF                    | 930   | 5,866                               | 305,669.00      | 52.11                        | 1.474   | 328.68           | 76.82                |
| OUTPATIENTS                | 1,867 | 7,108                               | 410,861.21      | 57.80                        | 1.786   | 220.06           | 103.26               |
| MEDICAL SUPPLIES           | 104   | 5,747                               | 7,601.71        | 1.32                         | 1.444   | 73.09            | 1.91                 |
| @DENTIST                   | 181   | 555                                 | \$ 33,625.25    | \$ 60.59                     | .139  | \$ 185.77        | \$ 8.45              |
| VISITS - DIAGNOSTIC        | 123   | 352                                 | 5,600.25        | 15.91                        | .088  | 45.53            | 1.41                 |
| ORAL SURGERY               | 18    | 61                                  | 3,800.00        | 62.30                        | .015  | 211.11           | .96                  |
| DRUGS                      | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| ANESTHESIA                 | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| PERIODONTICS               | 2     | 2                                   | 400.00          | 200.00                       | .001  | 200.00           | .10                  |
| ENDODONTICS                | 6     | 6                                   | 1,425.00        | 237.50                       | .002  | 237.50           | .36                  |
| RESTORATIVE DENTISTRY      | 23    | 49                                  | 5,360.00        | 109.39                       | .012  | 233.04           | 1.35                 |
| PROSTHETICS                | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |
| DENTURES, STAYPLATES       | 45    | 78                                  | 16,915.00       | 216.86                       | .020  | 375.89           | 4.25                 |
| SPACE MAINTAINERS          | 0     | 0                                   | .00             | .00                          | .000  | .00              | .00                  |

|                         |   |   |        |       |      |       |     |
|-------------------------|---|---|--------|-------|------|-------|-----|
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00    | .00   | .000 | .00   | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00    | .00   | .000 | .00   | .00 |
| ORTHODONTIC SERVICES    | 0 | 0 | .00    | .00   | .000 | .00   | .00 |
| ALL OTHER SERVICES      | 6 | 7 | 125.00 | 17.86 | .002 | 20.83 | .03 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 826  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 55 ALL AGED

|                              | 3,979 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST                 | 146             |       | 288                                 | \$ 6,641.59  | \$ 23.06                     | .072                                      | \$ 45.49         | \$ 1.67              |
| DIAGNOSTIC AND ANC. PROCED   | 57              |       | 57                                  | 836.84       | 14.68                        | .014                                      | 14.68            | .21                  |
| EYE APPLIANCES               | 74              |       | 193                                 | 4,942.38     | 25.61                        | .049                                      | 66.79            | 1.24                 |
| OTHER OPTOMETRIC SERVICES    | 30              |       | 38                                  | 862.37       | 22.69                        | .010                                      | 28.75            | .22                  |
| @CHIROPRACTOR                | 5               |       | 7                                   | \$ 94.30     | \$ 13.47                     | .002                                      | \$ 18.86         | \$ .02               |
| VISITS                       | 0               |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES               | 5               |       | 7                                   | 94.30        | 13.47                        | .002                                      | 18.86            | .02                  |
| @PODIATRIST                  | 240             |       | 260                                 | \$ 2,563.82  | \$ 9.86                      | .065                                      | \$ 10.68         | \$ .64               |
| MEDICINE/INJECTIONS          | 0               |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SURGERY/ANES.                | 0               |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RADIO./PATHOLOGY             | 0               |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER                        | 240             |       | 260                                 | 2,563.82     | 9.86                         | .065                                      | 10.68            | .64                  |
| @HOME HEALTH AGENCY          | 0               |       | 0                                   | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 2               |       | 3                                   | \$ 43.06     | \$ 14.35                     | .001                                      | \$ 21.53         | \$ .01               |
| NURSE MIDWIFE                | 0               |       | 0                                   | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 2               |       | 2                                   | \$ 41.20     | \$ 20.60                     | .001                                      | \$ 20.60         | \$ .01               |
| FAMILY NURSE PRACTITIONER    | 0               |       | 0                                   | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 124             |       | 653                                 | \$ 59,828.05 | \$ 91.62                     | .164                                      | \$ 482.48        | \$ 15.04             |
| HOSP INPATIENT TOTAL         | 52              |       | 233                                 | 51,549.97    | 221.24                       | .059                                      | 991.35           | 12.96                |
| HSC HOSPITALS                | 3               |       | 23                                  | 15,776.71    | 685.94                       | .006                                      | 5258.90          | 3.96                 |
| NON-HSC HOSPITAL TOTAL       | 0               |       | 0                                   | 406.24       | .00                          | .000                                      | .00              | .10                  |
| ACCOMMODATIONS               | 0               |       | 0                                   | 406.12       | .00                          | .000                                      | .00              | .10                  |
| ADMINISTRATIVE DAYS          | 0               |       | 0                                   | 3.66         | .00                          | .000                                      | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0               |       | 0                                   | 402.46       | .00                          | .000                                      | .00              | .10                  |
| ALL OTHER ACCOM              | 0               |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANCILLARIES                  | 0               |       | 0                                   | .12          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT CROSSOVERS         | 49              |       | 210                                 | 35,366.76    | 168.41                       | .053                                      | 721.77           | 8.89                 |
| ALL OTHER INPATIENT          | 0               |       | 0                                   | .26          | .00                          | .000                                      | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 73              |       | 420                                 | 8,278.08     | 19.71                        | .106                                      | 113.40           | 2.08                 |
| MEDICAL                      | 2               |       | 2                                   | 129.19       | 64.60                        | .001                                      | 64.60            | .03                  |
| SURGERY                      | 0               |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PATHOLOGY                    | 3               |       | 15                                  | 200.85       | 13.39                        | .004                                      | 66.95            | .05                  |
| RADIOLOGY                    | 5               |       | 8                                   | 794.33       | 99.29                        | .002                                      | 158.87           | .20                  |
| ROOM USE                     | 2               |       | 3                                   | 88.31        | 29.44                        | .001                                      | 44.16            | .02                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 66              |       | 392                                 | 7,065.40     | 18.02                        | .099                                      | 107.05           | 1.78                 |
| @COUNTY HOSPITAL TOTAL       | 2               |       | 27                                  | \$ 1,645.28  | \$ 60.94                     | .007                                      | \$ 822.64        | \$ .41               |
| CO HOSPITAL INPATIENT TOTAL  | 2               |       | 27                                  | 1,624.00     | 60.15                        | .007                                      | 812.00           | .41                  |
| HSC HOSPITALS                | 0               |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0               |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACCOMMODATIONS               | 0               |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0               |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0               |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER ACCOM              | 0               |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANCILLARIES                  | 0               |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT CROSSOVERS         | 2               |       | 27                                  | 1,624.00     | 60.15                        | .007                                      | 812.00           | .41                  |
| ALL OTHER INPATIENT          | 0               |       | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

|                            |   |   |       |     |      |     |     |
|----------------------------|---|---|-------|-----|------|-----|-----|
| CO HOSP OUTPATIENT TOTAL   | 0 | 0 | 21.28 | .00 | .000 | .00 | .01 |
| MEDICAL                    | 0 | 0 | .00   | .00 | .000 | .00 | .00 |
| SURGERY                    | 0 | 0 | .00   | .00 | .000 | .00 | .00 |
| PATHOLOGY                  | 0 | 0 | .00   | .00 | .000 | .00 | .00 |
| RADIOLOGY                  | 0 | 0 | .00   | .00 | .000 | .00 | .00 |
| ROOM USE                   | 0 | 0 | .00   | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | 21.28 | .00 | .000 | .00 | .01 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 827  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 55 ALL AGED

|                            | 3,979 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL  | 122             |       | 626                                 | \$ 58,182.77 | \$ 92.94                     | .157                                   | \$ 476.91        | \$ 14.62             |
| COMM HOSP INPATIENT TOTAL  | 50              |       | 206                                 | 49,925.97    | 242.36                       | .052                                   | 998.52           | 12.55                |
| HSC HOSPITALS              | 3               |       | 23                                  | 15,776.71    | 685.94                       | .006                                   | 5258.90          | 3.96                 |
| NON-HSC HOSPITALS TOTAL    | 0               |       | 0                                   | 406.24       | .00                          | .000                                   | .00              | .10                  |
| ACCOMMODATIONS             | 0               |       | 0                                   | 406.12       | .00                          | .000                                   | .00              | .10                  |
| ADMINISTRATIVE DAYS        | 0               |       | 0                                   | 3.66         | .00                          | .000                                   | .00              | .00                  |
| TRANSITIONAL IP CARE       | 0               |       | 0                                   | 402.46       | .00                          | .000                                   | .00              | .10                  |
| ALL OTHER ACCOM            | 0               |       | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ANCILLARIES                | 0               |       | 0                                   | .12          | .00                          | .000                                   | .00              | .00                  |
| INPATIENT CROSSOVERS       | 47              |       | 183                                 | 33,742.76    | 184.39                       | .046                                   | 717.93           | 8.48                 |
| ALL OTHER INPATIENT        | 0               |       | 0                                   | .26          | .00                          | .000                                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL | 73              |       | 420                                 | 8,256.80     | 19.66                        | .106                                   | 113.11           | 2.08                 |
| MEDICAL                    | 2               |       | 2                                   | 129.19       | 64.60                        | .001                                   | 64.60            | .03                  |
| SURGERY                    | 0               |       | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PATHOLOGY                  | 3               |       | 15                                  | 200.85       | 13.39                        | .004                                   | 66.95            | .05                  |
| RADIOLOGY                  | 5               |       | 8                                   | 794.33       | 99.29                        | .002                                   | 158.87           | .20                  |
| ROOM USE                   | 2               |       | 3                                   | 88.31        | 29.44                        | .001                                   | 44.16            | .02                  |
| CROSSOVERS/ALL OTH OUTPTNT | 66              |       | 392                                 | 7,044.12     | 17.97                        | .099                                   | 106.73           | 1.77                 |
| @STATE HOSPITAL            | 0               |       | 0                                   | \$ .00       | \$ .00                       | .000                                   | \$ .00           | \$ .00               |

|                              |       |        |                 |           |       |            |           |
|------------------------------|-------|--------|-----------------|-----------|-------|------------|-----------|
| MENTALLY ILL                 | 0     | 0      | .00             | .00       | .000  | .00        | .00       |
| DEVELOP. DISABLED            | 0     | 0      | .00             | .00       | .000  | .00        | .00       |
| @NURSING FACILITY            | 1,078 | 34,679 | \$ 3,540,404.41 | \$ 102.09 | 8.716 | \$ 3284.23 | \$ 889.77 |
| LEV A-INTERMEDIATE           | 0     | 0      | .00             | .00       | .000  | .00        | .00       |
| LEV B-REHAB MD               | 0     | 0      | .00             | .00       | .000  | .00        | .00       |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0      | .00             | .00       | .000  | .00        | .00       |
| LEV B-SUBACUTE HSPTL BASED   | 1     | 139    | 73,946.45       | 531.99    | .035  | 73946.45   | 18.58     |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0      | .00             | .00       | .000  | .00        | .00       |
| LEV B-REGULAR                | 1,077 | 34,540 | 3,466,457.96    | 100.36    | 8.681 | 3218.62    | 871.19    |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0      | \$ .00          | \$ .00    | .000  | \$ .00     | \$ .00    |
| ICF DDH                      | 0     | 0      | .00             | .00       | .000  | .00        | .00       |
| ICF DD                       | 0     | 0      | .00             | .00       | .000  | .00        | .00       |
| ICF DDN/DDCN                 | 0     | 0      | .00             | .00       | .000  | .00        | .00       |
| @HEMODIALYSIS TOTAL          | 9     | 16     | \$ 6,576.68     | \$ 411.04 | .004  | \$ 730.74  | \$ 1.65   |
| HOSPITAL BASED               | 0     | 0      | .00             | .00       | .000  | .00        | .00       |
| HEMODIALYSIS CENTER          | 9     | 16     | 6,576.68        | 411.04    | .004  | 730.74     | 1.65      |
| @REHABILITATION FACILITY     | 0     | 0      | \$ .00          | \$ .00    | .000  | \$ .00     | \$ .00    |
| HOSPITAL BASED               | 0     | 0      | .00             | .00       | .000  | .00        | .00       |
| INDEPENDENT FACILITY         | 0     | 0      | .00             | .00       | .000  | .00        | .00       |
| @LABORATORY FACILITY         | 11    | 16     | \$ 263.08       | \$ 16.44  | .004  | \$ 23.92   | \$ .07    |
| PATHOLOGY                    | 1     | 1      | 28.00           | 28.00     | .000  | 28.00      | .01       |
| XO AND OTHERS                | 10    | 15     | 235.08          | 15.67     | .004  | 23.51      | .06       |
| @ORGANIZED OUTPATIENT CLINIC | 241   | 351    | \$ 17,607.43    | \$ 50.16  | .088  | \$ 73.06   | \$ 4.43   |
| CLINIC                       | 0     | 0      | .00             | .00       | .000  | .00        | .00       |
| SURGICENTER                  | 4     | 4      | 787.56          | 196.89    | .001  | 196.89     | .20       |
| HEROIN DETOX CLINIC          | 0     | 0      | .00             | .00       | .000  | .00        | .00       |
| RURAL HEALTH CLINIC          | 238   | 347    | 16,819.87       | 48.47     | .087  | 70.67      | 4.23      |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 828  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 55 ALL AGED

|                            | 3,979 ELIGIBLES | USERS  | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS      COST PER | COST PER<br>ELIGIBLE |
|----------------------------|-----------------|--------|-------------------------------------|--------------|------------------------------|---|----------------------|
| @ALL OTHER PROVIDERS       | 659             | 15,501 | \$ 132,319.30                       | \$ 8.54      | 3.896                        | \$ 200.79   | \$ 33.25             |
| DURABLE MED. EQUIP.        | 24              | 159    | 5,293.78                            | 33.29        | .040                         | 220.57  | 1.33                 |
| BLOOD BANK                 | 0               | 0      | .00                                 | .00          | .000                         | .00   | .00                  |
| HEARING AID DISPENSERS     | 10              | 19     | 6,184.94                            | 325.52       | .005                         | 618.49  | 1.55                 |
| MEDICAL TRANSPORTATION     | 126             | 1,794  | 9,830.37                            | 5.48         | .451                         | 78.02   | 2.47                 |
| AMBULANCES/AIR TRANS       | 2               | 14     | 360.53                              | 25.75        | .004                         | 180.27  | .09                  |
| OTHER TRANS                | 16              | 210    | 760.80                              | 3.62         | .053                         | 47.55   | .19                  |
| OTHER SERVICES             | 111             | 1,570  | 8,709.04                            | 5.55         | .395                         | 78.46   | 2.19                 |
| ACUPUNCTURE                | 11              | 46     | 789.36                              | 17.16        | .012                         | 71.76   | .20                  |
| ADULT DAY HEALTH CARE CTR  | 0               | 0      | .00                                 | .00          | .000                         | .00   | .00                  |
| GENETIC DISEASE TESTING    | 0               | 0      | .00                                 | .00          | .000                         | .00   | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 176             | 868    | 56,340.77                           | 64.91        | .218                         | 320.12  | 14.16                |
| OCCUPATIONAL THERAPIST     | 0               | 0      | .00                                 | .00          | .000                         | .00   | .00                  |
| OPTICIAN                   | 66              | 154    | 1,762.89                            | 11.45        | .039                         | 26.71   | .44                  |
| PHYSICAL THERAPIST         | 0               | 0      | .00                                 | .00          | .000                         | .00   | .00                  |
| PORTABLE X-RAY             | 0               | 0      | .00                                 | .00          | .000                         | .00   | .00                  |
| PROSTHETIST/ORTHOTISTS     | 6               | 18     | 452.95                              | 25.16        | .005                         | 75.49   | .11                  |
| PROSTHETICS                | 5               | 17     | 394.26                              | 23.19        | .004                         | 78.85   | .10                  |
| ORTHOTICS                  | 1               | 1      | 58.69                               | 58.69        | .000                         | 58.69   | .01                  |
| PSYCHOLOGIST               | 8               | 9      | 50.83                               | 5.65         | .002                         | 6.35  | .01                  |
| SPEECH AND AUDIOLOGY       | 7               | 12     | 2,310.04                            | 192.50       | .003                         | 330.01  | .58                  |
| HOSPICE SERVICES           | 16              | 248    | 25,983.46                           | 104.77       | .062                         | 1623.97   | 6.53                 |
| NONINST BIRTHING CENTERS   | 0               | 0      | .00                                 | .00          | .000                         | .00   | .00                  |

|                               |       |        |               |          |       |           |          |
|-------------------------------|-------|--------|---------------|----------|-------|-----------|----------|
| LOCAL EDUCATION AGENCIES      | 0     | 0      | .00           | .00      | .000  | .00       | .00      |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0      | .00           | .00      | .000  | .00       | .00      |
| RESPIRATORY CARE PRACT.       | 0     | 0      | .00           | .00      | .000  | .00       | .00      |
| PED SUBACUTE REHAB/WEANING    | 0     | 0      | .00           | .00      | .000  | .00       | .00      |
| ALL OTHER PROVIDERS           | 317   | 12,174 | 23,319.91     | 1.92     | 3.060 | 73.56     | 5.86     |
| @CALIF. CHILDREN SERVICES*    | 1     | 2      | \$ 149.92     | \$ 74.96 | .001  | \$ 149.92 | \$ .04   |
| @XOVER EXCLUDING STATE HOSP** | 1,189 | 9,036  | \$ 189,172.77 | \$ 20.94 | 2.271 | \$ 159.10 | \$ 47.54 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |          |
|----------------------------|---|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 829 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 56 ALL BLIND  |          |

| 80 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 75    | 16,180                              | \$ 68,375.49 | \$ 4.23                      | 202.250                                   | \$ 911.67        | \$ 854.69            |
| @PHYSICIANS SERVICES       | 34    | 204                                 | \$ 7,236.33  | \$ 35.47                     | 2.550                                     | \$ 212.83        | \$ 90.45             |
| OUTPATIENT VISITS          | 8     | 9                                   | 439.73       | 48.86                        | .113                                      | 54.97            | 5.50                 |
| OFFICE VISITS              | 8     | 8                                   | 344.25       | 43.03                        | .100                                      | 43.03            | 4.30                 |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EMERGENCY ROOM             | 1     | 1                                   | 95.48        | 95.48                        | .013                                      | 95.48            | 1.19                 |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT VISITS           | 5     | 50                                  | 3,233.74     | 64.67                        | .625                                      | 646.75           | 40.42                |
| HOSPITAL VISITS            | 5     | 45                                  | 2,214.56     | 49.21                        | .563                                      | 442.91           | 27.68                |
| CRITICAL CARE              | 1     | 5                                   | 1,019.18     | 203.84                       | .063                                      | 1019.18          | 12.74                |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 5     | 25                                  | 2,356.51     | 94.26                        | .313                                      | 471.30           | 29.46                |
| PRINCIPAL SURGEON          | 2     | 4                                   | 1,819.08     | 454.77                       | .050                                      | 909.54           | 22.74                |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANESTHESIOLOGIST           | 3     | 21                                  | 537.43       | 25.59                        | .263                                      | 179.14           | 6.72                 |
| OUTPATIENT SURGERY         | 1     | 1                                   | 44.68        | 44.68                        | .013                                      | 44.68            | .56                  |
| PRINCIPAL SURGEON          | 1     | 1                                   | 44.68        | 44.68                        | .013                                      | 44.68            | .56                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PATHOLOGY                  | 2     | 7                                   | 236.93       | 33.85                        | .088                                      | 118.47           | 2.96                 |
| RADIOLOGY                  | 5     | 10                                  | 268.38       | 26.84                        | .125                                      | 53.68            | 3.35                 |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 23    | 102                                 | 656.36       | 6.43                         | 1.275                                     | 28.54            | 8.20                 |
| @PHARMACY                  | 61    | 2,218                               | \$ 14,914.70 | \$ 6.72                      | 27.725                                    | \$ 244.50        | \$ 186.43            |
| PRESCRIPTION DRUGS         | 59    | 253                                 | 13,477.87    | 53.27                        | 3.163                                     | 228.44           | 168.47               |
| SNF/ICF                    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OUTPATIENTS                | 59    | 253                                 | 13,477.87    | 53.27                        | 3.163                                     | 228.44           | 168.47               |
| MEDICAL SUPPLIES           | 7     | 1,965                               | 1,436.83     | .73                          | 24.563                                    | 205.26           | 17.96                |
| @DENTIST                   | 2     | 3                                   | \$ 915.00    | \$ 305.00                    | .038                                      | \$ 457.50        | \$ 11.44             |
| VISITS - DIAGNOSTIC        | 1     | 1                                   | 15.00        | 15.00                        | .013                                      | 15.00            | .19                  |
| ORAL SURGERY               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| DRUGS                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANESTHESIA                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

|                         |   |   |        |        |      |        |       |
|-------------------------|---|---|--------|--------|------|--------|-------|
| PERIODONTICS            | 0 | 0 | .00    | .00    | .000 | .00    | .00   |
| ENDODONTICS             | 0 | 0 | .00    | .00    | .000 | .00    | .00   |
| RESTORATIVE DENTISTRY   | 0 | 0 | .00    | .00    | .000 | .00    | .00   |
| PROSTHETICS             | 0 | 0 | .00    | .00    | .000 | .00    | .00   |
| DENTURES, STAYPLATES    | 1 | 2 | 900.00 | 450.00 | .025 | 900.00 | 11.25 |
| SPACE MAINTAINERS       | 0 | 0 | .00    | .00    | .000 | .00    | .00   |
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00    | .00    | .000 | .00    | .00   |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00    | .00    | .000 | .00    | .00   |
| ORTHODONTIC SERVICES    | 0 | 0 | .00    | .00    | .000 | .00    | .00   |
| ALL OTHER SERVICES      | 0 | 0 | .00    | .00    | .000 | .00    | .00   |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 830  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 56 ALL BLIND

| 80 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST                 | 3     | 8                                   | \$ 728.41    | \$ 91.05                     | .100                                      | \$ 242.80        | \$ 9.11              |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EYE APPLIANCES               | 3     | 8                                   | 728.41       | 91.05                        | .100                                      | 242.80           | 9.11                 |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @HOME HEALTH AGENCY          | 1     | 5                                   | \$ 374.30    | \$ 74.86                     | .063                                      | \$ 374.30        | \$ 4.68              |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 16    | 73                                  | \$ 25,732.40 | \$ 352.50                    | .913                                      | \$ 1608.28       | \$ 321.66            |
| HOSP INPATIENT TOTAL         | 2     | 21                                  | 23,940.00    | 1140.00                      | .263                                      | 11970.00         | 299.25               |
| HSC HOSPITALS                | 2     | 21                                  | 23,940.00    | 1140.00                      | .263                                      | 11970.00         | 299.25               |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 16    | 52                                  | 1,792.40     | 34.47                        | .650                                      | 112.03           | 22.41                |
| MEDICAL                      | 7     | 8                                   | 622.62       | 77.83                        | .100                                      | 88.95            | 7.78                 |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PATHOLOGY                    | 6     | 22                                  | 282.92       | 12.86                        | .275                                      | 47.15            | 3.54                 |
| RADIOLOGY                    | 4     | 5                                   | 280.42       | 56.08                        | .063                                      | 70.11            | 3.51                 |
| ROOM USE                     | 5     | 5                                   | 236.60       | 47.32                        | .063                                      | 47.32            | 2.96                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 9     | 12                                  | 369.84       | 30.82                        | .150                                      | 41.09            | 4.62                 |
| @COUNTY HOSPITAL TOTAL       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

|                            |   |   |     |     |      |     |     |
|----------------------------|---|---|-----|-----|------|-----|-----|
| ADMINISTRATIVE DAYS        | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM            | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES                | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT        | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE                   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 831  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 56 ALL BLIND

| 80 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS      COST PER      COST PER<br>PER ELIG      USER      ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|
| @COMMUNITY HOSPITAL TOTAL    | 16    | 73                                  | \$ 25,732.40 | \$ 352.50                    | .913 \$ 1608.28 \$ 321.66   |
| COMM HOSP INPATIENT TOTAL    | 2     | 21                                  | 23,940.00    | 1140.00                      | .263 11970.00 299.25  |
| HSC HOSPITALS                | 2     | 21                                  | 23,940.00    | 1140.00                      | .263 11970.00 299.25  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| COMM HOSP OUTPATIENT TOTAL   | 16    | 52                                  | 1,792.40     | 34.47                        | .650 112.03 22.41   |
| MEDICAL                      | 7     | 8                                   | 622.62       | 77.83                        | .100 88.95 7.78   |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| PATHOLOGY                    | 6     | 22                                  | 282.92       | 12.86                        | .275 47.15 3.54   |
| RADIOLOGY                    | 4     | 5                                   | 280.42       | 56.08                        | .063 70.11 3.51   |
| ROOM USE                     | 5     | 5                                   | 236.60       | 47.32                        | .063 47.32 2.96   |
| CROSSOVERS/ALL OTH OUTPTNT   | 9     | 12                                  | 369.84       | 30.82                        | .150 41.09 4.62   |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000 \$ .00 \$ .00  |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00       | \$ .00                       | .000 \$ .00 \$ .00  |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| LEV B-REGULAR                | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000 \$ .00 \$ .00  |
| ICF DDH                      | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| ICF DD                       | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| ICF DDN/DDCN                 | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| @HEMODIALYSIS TOTAL          | 3     | 11                                  | \$ 2,775.61  | \$ 252.33                    | .138 \$ 925.20 \$ 34.70   |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |
| HEMODIALYSIS CENTER          | 3     | 11                                  | 2,775.61     | 252.33                       | .138 925.20 34.70   |
| @REHABILITATION FACILITY     | 0     | 0                                   | \$ .00       | \$ .00                       | .000 \$ .00 \$ .00  |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000 .00 .00  |



|                              |    |    |    |        |    |       |      |          |          |
|------------------------------|----|----|----|--------|----|-------|------|----------|----------|
| INDEPENDENT FACILITY         | 0  | 0  |    | .00    |    | .00   | .000 | .00      | .00      |
| @LABORATORY FACILITY         | 1  | 1  | \$ | 10.11  | \$ | 10.11 | .013 | \$ 10.11 | \$ .13   |
| PATHOLOGY                    | 1  | 1  |    | 10.11  |    | 10.11 | .013 | 10.11    | .13      |
| XO AND OTHERS                | 0  | 0  |    | .00    |    | .00   | .000 | .00      | .00      |
| @ORGANIZED OUTPATIENT CLINIC | 15 | 27 | \$ | 881.00 | \$ | 32.63 | .338 | \$ 58.73 | \$ 11.01 |
| CLINIC                       | 0  | 0  |    | .00    |    | .00   | .000 | .00      | .00      |
| SURGICENTER                  | 0  | 0  |    | .00    |    | .00   | .000 | .00      | .00      |
| HEROIN DETOX CLINIC          | 0  | 0  |    | .00    |    | .00   | .000 | .00      | .00      |
| RURAL HEALTH CLINIC          | 15 | 27 |    | 881.00 |    | 32.63 | .338 | 58.73    | 11.01    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 832  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 56 ALL BLIND

|                            |       |                                     |              |                              | ----- MONTHLY AVERAGE ----- |                  |                      |  |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 80 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @ALL OTHER PROVIDERS       | 35    | 13,630                              | \$ 14,807.63 | \$ 1.09                      | 170.375                     | \$ 423.08        | \$ 185.10            |  |
| DURABLE MED. EQUIP.        | 4     | 7                                   | 1,538.07     | 219.72                       | .088                        | 384.52           | 19.23                |  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| MEDICAL TRANSPORTATION     | 12    | 4,830                               | 8,503.87     | 1.76                         | 60.375                      | 708.66           | 106.30               |  |
| AMBULANCES/AIR TRANS       | 1     | 46                                  | 277.95       | 6.04                         | .575                        | 277.95           | 3.47                 |  |
| OTHER TRANS                | 5     | 4,618                               | 7,671.10     | 1.66                         | 57.725                      | 1534.22          | 95.89                |  |
| OTHER SERVICES             | 8     | 166                                 | 554.82       | 3.34                         | 2.075                       | 69.35            | 6.94                 |  |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| OPTICIAN                   | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| PROSTHETIST/ORTHOTISTS     | 2     | 4                                   | 814.92       | 203.73                       | .050                        | 407.46           | 10.19                |  |

|                               |    |       |              |           |         |            |           |
|-------------------------------|----|-------|--------------|-----------|---------|------------|-----------|
| PROSTHETICS                   | 2  | 4     | 814.92       | 203.73    | .050    | 407.46     | 10.19     |
| ORTHOTICS                     | 0  | 0     | .00          | .00       | .000    | .00        | .00       |
| PSYCHOLOGIST                  | 0  | 0     | .00          | .00       | .000    | .00        | .00       |
| SPEECH AND AUDIOLOGY          | 0  | 0     | .00          | .00       | .000    | .00        | .00       |
| HOSPICE SERVICES              | 0  | 0     | .00          | .00       | .000    | .00        | .00       |
| NONINST BIRTHING CENTERS      | 0  | 0     | .00          | .00       | .000    | .00        | .00       |
| LOCAL EDUCATION AGENCIES      | 6  | 146   | 615.77       | 4.22      | 1.825   | 102.63     | 7.70      |
| EPSDT SUPPLEMENTAL SERVICE    | 0  | 0     | .00          | .00       | .000    | .00        | .00       |
| RESPIRATORY CARE PRACT.       | 0  | 0     | .00          | .00       | .000    | .00        | .00       |
| PED SUBACUTE REHAB/WEANING    | 0  | 0     | .00          | .00       | .000    | .00        | .00       |
| ALL OTHER PROVIDERS           | 22 | 8,643 | 3,335.00     | .39       | 108.038 | 151.59     | 41.69     |
| @CALIF. CHILDREN SERVICES*    | 9  | 97    | \$ 31,023.63 | \$ 319.83 | 1.213   | \$ 3447.07 | \$ 387.80 |
| @XOVER EXCLUDING STATE HOSP** | 33 | 320   | \$ 4,957.29  | \$ 15.49  | 4.000   | \$ 150.22  | \$ 61.97  |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      833  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
 AMADOR COUNTY      SUMMARY OF SERVICES FOR 57 ALL DISABLED

| 6,752 ELIGIBLES            | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |                 | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 5,323 | 154,008                             | \$ 3,640,007.67 | \$ 23.64                     | 22.809                 | \$ 683.83        | \$ 539.10            |
| @PHYSICIANS SERVICES       | 1,607 | 5,963                               | \$ 153,496.08   | \$ 25.74                     | .883                   | \$ 95.52         | \$ 22.73             |
| OUTPATIENT VISITS          | 691   | 1,044                               | 34,616.73       | 33.16                        | .155                   | 50.10            | 5.13                 |
| OFFICE VISITS              | 596   | 860                                 | 27,572.17       | 32.06                        | .127                   | 46.26            | 4.08                 |
| HOME VISITS                | 7     | 7                                   | 309.30          | 44.19                        | .001                   | 44.19            | .05                  |
| EMERGENCY ROOM             | 55    | 81                                  | 4,382.99        | 54.11                        | .012                   | 79.69            | .65                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 1     | 1                                   | 101.05          | 101.05                       | .000                   | 101.05           | .01                  |
| OTHER OUTPATIENT           | 74    | 95                                  | 2,251.22        | 23.70                        | .014                   | 30.42            | .33                  |
| INPATIENT VISITS           | 89    | 254                                 | 11,624.08       | 45.76                        | .038                   | 130.61           | 1.72                 |
| HOSPITAL VISITS            | 67    | 208                                 | 9,353.57        | 44.97                        | .031                   | 139.61           | 1.39                 |
| CRITICAL CARE              | 8     | 14                                  | 1,388.90        | 99.21                        | .002                   | 173.61           | .21                  |
| SNF/ICF/TRANS IP CARE      | 22    | 32                                  | 881.61          | 27.55                        | .005                   | 40.07            | .13                  |
| OPHTHALMOLOGICAL SERVICES  | 10    | 11                                  | 483.55          | 43.96                        | .002                   | 48.36            | .07                  |
| EXAMINATIONS               | 10    | 11                                  | 483.55          | 43.96                        | .002                   | 48.36            | .07                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 38    | 735                                 | 16,965.91       | 23.08                        | .109                   | 446.47           | 2.51                 |
| PRINCIPAL SURGEON          | 19    | 25                                  | 11,454.81       | 458.19                       | .004                   | 602.88           | 1.70                 |
| ASSISTANT SURGEON          | 3     | 4                                   | 960.16          | 240.04                       | .001                   | 320.05           | .14                  |
| ANESTHESIOLOGIST           | 20    | 706                                 | 4,550.94        | 6.45                         | .105                   | 227.55           | .67                  |
| OUTPATIENT SURGERY         | 113   | 238                                 | 17,762.57       | 74.63                        | .035                   | 157.19           | 2.63                 |
| PRINCIPAL SURGEON          | 93    | 113                                 | 14,701.26       | 130.10                       | .017                   | 158.08           | 2.18                 |
| ASSISTANT SURGEON          | 0     | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 24    | 125                                 | 3,061.31        | 24.49                        | .019                   | 127.55           | .45                  |
| DIALYSIS                   | 12    | 22                                  | 2,658.26        | 120.83                       | .003                   | 221.52           | .39                  |
| PATHOLOGY                  | 111   | 302                                 | 3,908.46        | 12.94                        | .045                   | 35.21            | .58                  |
| RADIOLOGY                  | 339   | 598                                 | 20,119.40       | 33.64                        | .089                   | 59.35            | 2.98                 |
| PSYCHIATRY                 | 1     | 1                                   | 34.16           | 34.16                        | .000                   | 34.16            | .01                  |
| IMMUNIZATION AND INJECTION | 47    | 152                                 | 3,575.57        | 23.52                        | .023                   | 76.08            | .53                  |
| OTHER SERVICES/ALL X-OVERS | 791   | 2,606                               | 41,747.39       | 16.02                        | .386                   | 52.78            | 6.18                 |
| @PHARMACY                  | 4,518 | 42,279                              | \$ 1,975,650.27 | \$ 46.73                     | 6.262                  | \$ 437.28        | \$ 292.60            |
| PRESCRIPTION DRUGS         | 4,479 | 20,721                              | 1,930,853.43    | 93.18                        | 3.069                  | 431.09           | 285.97               |
| SNF/ICF                    | 118   | 980                                 | 69,037.30       | 70.45                        | .145                   | 585.06           | 10.22                |
| OUTPATIENTS                | 4,364 | 19,741                              | 1,861,816.13    | 94.31                        | 2.924                  | 426.63           | 275.74               |

|                            |     |        |    |   |    |        |       |           |          |
|----------------------------|-----|--------|----|---|----|--------|-------|-----------|----------|
| MEDICAL SUPPLIES           | 365 | 21,558 |    | 44,796.84   |    | 2.08   | 3.193 | 122.73    | 6.63     |
| @DENTIST                   | 349 | 1,599  | \$ | 79,287.80   | \$ | 49.59  | .237  | \$ 227.19 | \$ 11.74 |
| VISITS - DIAGNOSTIC        | 218 | 923    |    | 13,568.00   |    | 14.70  | .137  | 62.24     | 2.01     |
| ORAL SURGERY               | 53  | 244    |    | 14,084.00   |    | 57.72  | .036  | 265.74    | 2.09     |
| DRUGS                      | 6   | 7      |    | 90.00   |    | 12.86  | .001  | 15.00     | .01      |
| ANESTHESIA                 | 5   | 5      |    | 580.00  |    | 116.00 | .001  | 116.00    | .09      |
| PERIODONTICS               | 23  | 29     |    | 4,910.00  |    | 169.31 | .004  | 213.48    | .73      |
| ENDODONTICS                | 27  | 37     |    | 9,157.00  |    | 247.49 | .005  | 339.15    | 1.36     |
| RESTORATIVE DENTISTRY      | 88  | 271    |    | 22,236.50   |    | 82.05  | .040  | 252.69    | 3.29     |
| PROSTHETICS                | 0   | 0      |    | .00   |    | .00    | .000  | .00       | .00      |
| DENTURES, STAYPLATES       | 44  | 77     |    | 13,892.00   |    | 180.42 | .011  | 315.73    | 2.06     |
| SPACE MAINTAINERS          | 0   | 0      |    | .00   |    | .00    | .000  | .00       | .00      |
| MAXILLOFACIAL SERVICES     | 4   | 4      |    | 720.30  |    | 180.08 | .001  | 180.08    | .11      |
| FRACTURES, DISLOCATIONS    | 0   | 0      |    | .00   |    | .00    | .000  | .00       | .00      |
| ORTHODONTIC SERVICES       | 0   | 0      |    | .00   |    | .00    | .000  | .00       | .00      |
| ALL OTHER SERVICES         | 1   | 2      |    | 50.00   |    | 25.00  | .000  | 50.00     | .01      |
| #CALIF DEPT OF HEALTH SERV |     |        |    | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |    |        |       | PAGE      | 834      |
| MOP024                     |     |        |    | FEE-FOR-SERVICE/DENTAL  |    |        |       |           | 01/17/03 |
| AMADOR COUNTY              |     |        |    | SUMMARY OF SERVICES FOR 57 ALL DISABLED   |    |        |       |           |          |

|                              | 6,752 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-----------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST                 | 229             |       | 546                                 | \$ 11,446.29  | \$ 20.96                     | .081                   | \$ 49.98         | \$ 1.70              |
| DIAGNOSTIC AND ANC. PROCED   | 125             |       | 124                                 | 4,130.58      | 33.31                        | .018                   | 33.04            | .61                  |
| EYE APPLIANCES               | 140             |       | 383                                 | 6,274.46      | 16.38                        | .057                   | 44.82            | .93                  |
| OTHER OPTOMETRIC SERVICES    | 35              |       | 39                                  | 1,041.25      | 26.70                        | .006                   | 29.75            | .15                  |
| @CHIROPRACTOR                | 22              |       | 33                                  | \$ 544.28     | \$ 16.49                     | .005                   | \$ 24.74         | \$ .08               |
| VISITS                       | 18              |       | 25                                  | 413.82        | 16.55                        | .004                   | 22.99            | .06                  |
| OTHER SERVICES               | 4               |       | 8                                   | 130.46        | 16.31                        | .001                   | 32.62            | .02                  |
| @PODIATRIST                  | 50              |       | 75                                  | \$ 1,765.86   | \$ 23.54                     | .011                   | \$ 35.32         | \$ .26               |
| MEDICINE/INJECTIONS          | 20              |       | 24                                  | 750.40        | 31.27                        | .004                   | 37.52            | .11                  |
| SURGERY/ANES.                | 2               |       | 3                                   | 62.02         | 20.67                        | .000                   | 31.01            | .01                  |
| RADIO./PATHOLOGY             | 2               |       | 3                                   | 51.90         | 17.30                        | .000                   | 25.95            | .01                  |
| OTHER                        | 28              |       | 45                                  | 901.54        | 20.03                        | .007                   | 32.20            | .13                  |
| @HOME HEALTH AGENCY          | 27              |       | 1,108                               | \$ 35,395.21  | \$ 31.95                     | .164                   | \$ 1310.93       | \$ 5.24              |
| NURSE ANESTHESIST            | 6               |       | 72                                  | \$ 183.55     | \$ 2.55                      | .011                   | \$ 30.59         | \$ .03               |
| NURSE MIDWIFE                | 0               |       | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0               |       | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0               |       | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| @TOTAL HOSPITAL              | 1,121           |       | 7,961                               | \$ 602,678.01 | \$ 75.70                     | 1.179                  | \$ 537.63        | \$ 89.26             |
| HOSP INPATIENT TOTAL         | 97              |       | 430                                 | 391,185.48    | 909.73                       | .064                   | 4032.84          | 57.94                |
| HSC HOSPITALS                | 22              |       | 85                                  | 96,211.03     | 1131.89                      | .013                   | 4373.23          | 14.25                |
| NON-HSC HOSPITAL TOTAL       | 37              |       | 139                                 | 265,364.46    | 1909.10                      | .021                   | 7172.01          | 39.30                |
| ACCOMMODATIONS               | 37              |       | 139                                 | 75,172.74     | 540.81                       | .021                   | 2031.70          | 11.13                |
| ADMINISTRATIVE DAYS          | 0               |       | 0                                   | 3.03          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0               |       | 0                                   | 100.68        | .00                          | .000                   | .00              | .01                  |
| ALL OTHER ACCOM              | 37              |       | 139                                 | 75,069.03     | 540.06                       | .021                   | 2028.89          | 11.12                |
| ANCILLARIES                  | 37              |       | 0                                   | 190,191.72    | .00                          | .000                   | 5140.32          | 28.17                |
| INPATIENT CROSSOVERS         | 39              |       | 206                                 | 29,609.99     | 143.74                       | .031                   | 759.23           | 4.39                 |
| ALL OTHER INPATIENT          | 0               |       | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 1,066           |       | 7,531                               | 211,492.53    | 28.08                        | 1.115                  | 198.40           | 31.32                |
| MEDICAL                      | 316             |       | 479                                 | 29,433.62     | 61.45                        | .071                   | 93.14            | 4.36                 |
| SURGERY                      | 55              |       | 55                                  | 3,454.89      | 62.82                        | .008                   | 62.82            | .51                  |
| PATHOLOGY                    | 523             |       | 2,788                               | 32,966.60     | 11.82                        | .413                   | 63.03            | 4.88                 |
| RADIOLOGY                    | 327             |       | 530                                 | 56,581.11     | 106.76                       | .078                   | 173.03           | 8.38                 |
| ROOM USE                     | 474             |       | 714                                 | 32,138.39     | 45.01                        | .106                   | 67.80            | 4.76                 |

|                             |     |       |    |           |          |      |           |         |
|-----------------------------|-----|-------|----|-----------|----------|------|-----------|---------|
| CROSSOVERS/ALL OTH OUTPTNT  | 399 | 2,965 |    | 56,917.92 | 19.20    | .439 | 142.65    | 8.43    |
| @COUNTY HOSPITAL TOTAL      | 29  | 168   | \$ | 10,063.67 | \$ 59.90 | .025 | \$ 347.02 | \$ 1.49 |
| CO HOSPITAL INPATIENT TOTAL | 1   | 5     |    | 4,575.00  | 915.00   | .001 | 4575.00   | .68     |
| HSC HOSPITALS               | 1   | 5     |    | 4,575.00  | 915.00   | .001 | 4575.00   | .68     |
| NON-HSC HOSPITALS TOTAL     | 0   | 0     |    | .00       | .00      | .000 | .00       | .00     |
| ACCOMMODATIONS              | 0   | 0     |    | .00       | .00      | .000 | .00       | .00     |
| ADMINISTRATIVE DAYS         | 0   | 0     |    | .00       | .00      | .000 | .00       | .00     |
| TRANSITIONAL IP CARE        | 0   | 0     |    | .00       | .00      | .000 | .00       | .00     |
| ALL OTHER ACCOM             | 0   | 0     |    | .00       | .00      | .000 | .00       | .00     |
| ANCILLARIES                 | 0   | 0     |    | .00       | .00      | .000 | .00       | .00     |
| INPATIENT CROSSOVERS        | 0   | 0     |    | .00       | .00      | .000 | .00       | .00     |
| ALL OTHER INPATIENT         | 0   | 0     |    | .00       | .00      | .000 | .00       | .00     |
| CO HOSP OUTPATIENT TOTAL    | 28  | 163   |    | 5,488.67  | 33.67    | .024 | 196.02    | .81     |
| MEDICAL                     | 13  | 22    |    | 1,355.37  | 61.61    | .003 | 104.26    | .20     |
| SURGERY                     | 2   | 2     |    | 134.95    | 67.48    | .000 | 67.48     | .02     |
| PATHOLOGY                   | 22  | 69    |    | 738.59    | 10.70    | .010 | 33.57     | .11     |
| RADIOLOGY                   | 12  | 18    |    | 1,223.07  | 67.95    | .003 | 101.92    | .18     |
| ROOM USE                    | 17  | 27    |    | 1,188.41  | 44.02    | .004 | 69.91     | .18     |
| CROSSOVERS/ALL OTH OUTPTNT  | 10  | 25    |    | 848.28    | 33.93    | .004 | 84.83     | .13     |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 835  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 57 ALL DISABLED

|                              |       |                                     |               |                              | ----- MONTHLY AVERAGE ----- |                  |                      |  |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 6,752 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @COMMUNITY HOSPITAL TOTAL    | 1,101 | 7,793                               | \$ 592,614.34 | \$ 76.04                     | 1.154                       | \$ 538.25        | \$ 87.77             |  |
| COMM HOSP INPATIENT TOTAL    | 96    | 425                                 | 386,610.48    | 909.67                       | .063                        | 4027.19          | 57.26                |  |
| HSC HOSPITALS                | 21    | 80                                  | 91,636.03     | 1145.45                      | .012                        | 4363.62          | 13.57                |  |
| NON-HSC HOSPITALS TOTAL      | 37    | 139                                 | 265,364.46    | 1909.10                      | .021                        | 7172.01          | 39.30                |  |
| ACCOMMODATIONS               | 37    | 139                                 | 75,172.74     | 540.81                       | .021                        | 2031.70          | 11.13                |  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | 3.03          | .00                          | .000                        | .00              | .00                  |  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | 100.68        | .00                          | .000                        | .00              | .01                  |  |
| ALL OTHER ACCOM              | 37    | 139                                 | 75,069.03     | 540.06                       | .021                        | 2028.89          | 11.12                |  |
| ANCILLARIES                  | 37    | 0                                   | 190,191.72    | .00                          | .000                        | 5140.32          | 28.17                |  |
| INPATIENT CROSSOVERS         | 39    | 206                                 | 29,609.99     | 143.74                       | .031                        | 759.23           | 4.39                 |  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |  |
| COMM HOSP OUTPATIENT TOTAL   | 1,047 | 7,368                               | 206,003.86    | 27.96                        | 1.091                       | 196.76           | 30.51                |  |
| MEDICAL                      | 304   | 457                                 | 28,078.25     | 61.44                        | .068                        | 92.36            | 4.16                 |  |
| SURGERY                      | 53    | 53                                  | 3,319.94      | 62.64                        | .008                        | 62.64            | .49                  |  |
| PATHOLOGY                    | 506   | 2,719                               | 32,228.01     | 11.85                        | .403                        | 63.69            | 4.77                 |  |
| RADIOLOGY                    | 318   | 512                                 | 55,358.04     | 108.12                       | .076                        | 174.08           | 8.20                 |  |
| ROOM USE                     | 459   | 687                                 | 30,949.98     | 45.05                        | .102                        | 67.43            | 4.58                 |  |
| CROSSOVERS/ALL OTH OUTPTNT   | 390   | 2,940                               | 56,069.64     | 19.07                        | .435                        | 143.77           | 8.30                 |  |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00        | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| MENTALLY ILL                 | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |  |
| @NURSING FACILITY            | 97    | 2,761                               | \$ 288,768.99 | \$ 104.59                    | .409                        | \$ 2977.00       | \$ 42.77             |  |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |  |
| LEV B-REHAB MD               | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |  |
| LEV B-REGULAR                | 97    | 2,761                               | 288,768.99    | 104.59                       | .409                        | 2977.00          | 42.77                |  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00        | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| ICF DDH                      | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |  |
| ICF DD                       | 0     | 0                                   | .00           | .00                          | .000                        | .00              | .00                  |  |

|                              |   |       |               |           |      |            |          |
|------------------------------|---|-------|---------------|-----------|------|------------|----------|
| ICF DDN/DDCN                 | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| @HEMODIALYSIS TOTAL          | 32  | 201   | \$ 43,902.89  | \$ 218.42 | .030 | \$ 1371.97 | \$ 6.50  |
| HOSPITAL BASED               | 11  | 153   | 30,954.32     | 202.32    | .023 | 2814.03    | 4.58     |
| HEMODIALYSIS CENTER          | 22  | 48    | 12,948.57     | 269.76    | .007 | 588.57     | 1.92     |
| @REHABILITATION FACILITY     | 0   | 0     | 10.53         | \$ .00    | .000 | \$ .00     | \$ .00   |
| HOSPITAL BASED               | 0   | 0     | 10.53         | .00       | .000 | .00        | .00      |
| INDEPENDENT FACILITY         | 0   | 0     | .00           | .00       | .000 | .00        | .00      |
| @LABORATORY FACILITY         | 207   | 707   | \$ 9,272.03   | \$ 13.11  | .105 | \$ 44.79   | \$ 1.37  |
| PATHOLOGY                    | 189   | 686   | 8,951.23      | 13.05     | .102 | 47.36      | 1.33     |
| XO AND OTHERS                | 18  | 21    | 320.80        | 15.28     | .003 | 17.82      | .05      |
| @ORGANIZED OUTPATIENT CLINIC | 1,134   | 1,909 | \$ 197,105.53 | \$ 103.25 | .283 | \$ 173.81  | \$ 29.19 |
| CLINIC                       | 2   | 6     | 90.01         | 15.00     | .001 | 45.01      | .01      |
| SURGICENTER                  | 7   | 50    | 1,849.59      | 36.99     | .007 | 264.23     | .27      |
| HEROIN DETOX CLINIC          | 1   | 13    | 157.94        | 12.15     | .002 | 157.94     | .02      |
| RURAL HEALTH CLINIC          | 1,126   | 1,840 | 195,007.99    | 105.98    | .273 | 173.19     | 28.88    |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |       |               |           |      |            | PAGE 836 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |       |               |           |      |            | 01/17/03 |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 57 ALL DISABLED   |       |               |           |      |            |          |

|                                | 6,752 ELIGIBLES | USERS  | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|--------------------------------|-----------------|--------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS           | 877             | 88,793 | \$                                  | 240,470.87   | \$ 2.71                      | 13.151                                    | \$ 274.20        | \$ 35.61             |
| DURABLE MED. EQUIP.            | 84              | 337    |                                     | 56,159.41    | 166.65                       | .050                                      | 668.56           | 8.32                 |
| BLOOD BANK                     | 1               | 20     |                                     | 306.00       | 15.30                        | .003                                      | 306.00           | .05                  |
| HEARING AID DISPENSERS         | 5               | 7      |                                     | 3,368.69     | 481.24                       | .001                                      | 673.74           | .50                  |
| MEDICAL TRANSPORTATION         | 151             | 9,517  |                                     | 33,407.12    | 3.51                         | 1.410                                     | 221.24           | 4.95                 |
| AMBULANCES/AIR TRANS           | 56              | 977    |                                     | 11,439.15    | 11.71                        | .145                                      | 204.27           | 1.69                 |
| OTHER TRANS                    | 32              | 6,931  |                                     | 16,206.64    | 2.34                         | 1.027                                     | 506.46           | 2.40                 |
| OTHER SERVICES                 | 72              | 1,609  |                                     | 5,761.33     | 3.58                         | .238                                      | 80.02            | .85                  |
| ACUPUNCTURE                    | 0               | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR      | 0               | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| GENETIC DISEASE TESTING        | 1               | 1      |                                     | 105.00       | 105.00                       | .000                                      | 105.00           | .02                  |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 47              | 2,175  |                                     | 69,637.25    | 32.02                        | .322                                      | 1481.64          | 10.31                |
| OCCUPATIONAL THERAPIST         | 0               | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| OPTICIAN                       | 140             | 310    |                                     | 3,452.30     | 11.14                        | .046                                      | 24.66            | .51                  |
| PHYSICAL THERAPIST             | 0               | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| PORTABLE X-RAY                 | 1               | 2      |                                     | 59.36        | 29.68                        | .000                                      | 59.36            | .01                  |
| PROSTHETIST/ORTHOTISTS         | 17              | 32     |                                     | 8,033.23     | 251.04                       | .005                                      | 472.54           | 1.19                 |
| PROSTHETICS                    | 10              | 23     |                                     | 7,525.04     | 327.18                       | .003                                      | 752.50           | 1.11                 |
| ORTHOTICS                      | 8               | 9      |                                     | 508.19       | 56.47                        | .001                                      | 63.52            | .08                  |
| PSYCHOLOGIST                   | 0               | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| SPEECH AND AUDIOLOGY           | 24              | 88     |                                     | 3,638.01     | 41.34                        | .013                                      | 151.58           | .54                  |
| HOSPICE SERVICES               | 2               | 8      |                                     | 884.48       | 110.56                       | .001                                      | 442.24           | .13                  |
| NONINST BIRTHING CENTERS       | 0               | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| LOCAL EDUCATION AGENCIES       | 93              | 4,846  |                                     | 21,156.74    | 4.37                         | .718                                      | 227.49           | 3.13                 |
| EPSDT SUPPLEMENTAL SERVICE     | 0               | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| RESPIRATORY CARE PRACT.        | 1               | 1      |                                     | 29.48        | 29.48                        | .000                                      | 29.48            | .00                  |
| PED SUBACUTE REHAB/WEANING     | 0               | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER PROVIDERS            | 403             | 71,450 |                                     | 40,263.28    | .56                          | 10.582                                    | 99.91            | 5.96                 |
| @CALIF. CHILDREN SERVICES*     | 68              | 4,040  | \$                                  | 67,229.95    | \$ 16.64                     | .598                                      | \$ 988.68        | \$ 9.96              |
| @XOVER EXCLUDING STATE HOSP**  | 975             | 14,781 | \$                                  | 116,729.49   | \$ 7.90                      | 2.189                                     | \$ 119.72        | \$ 17.29             |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

## AMADOR COUNTY

## SUMMARY OF SERVICES FOR 58 ALL FAMILIES

| 21,175 ELIGIBLES           | USERS  | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|--------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
|                            |        |                                     |                 | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 10,965 | 61,631                              | \$ 3,385,774.80 | \$ 54.94                     | 2.911                  | \$ 308.78        | \$ 159.89            |
| @PHYSICIANS SERVICES       | 3,296  | 10,097                              | \$ 408,702.56   | \$ 40.48                     | .477                   | \$ 124.00        | \$ 19.30             |
| OUTPATIENT VISITS          | 2,053  | 2,843                               | 102,557.97      | 36.07                        | .134                   | 49.96            | 4.84                 |
| OFFICE VISITS              | 1,737  | 2,261                               | 73,632.31       | 32.57                        | .107                   | 42.39            | 3.48                 |
| HOME VISITS                | 0      | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 136    | 145                                 | 6,650.35        | 45.86                        | .007                   | 48.90            | .31                  |
| PREVENTIVE CARE            | 5      | 5                                   | 225.71          | 45.14                        | .000                   | 45.14            | .01                  |
| OB VISITS/COMPRE PERI      | 160    | 367                                 | 20,198.04       | 55.04                        | .017                   | 126.24           | .95                  |
| OTHER OUTPATIENT           | 61     | 65                                  | 1,851.56        | 28.49                        | .003                   | 30.35            | .09                  |
| INPATIENT VISITS           | 171    | 589                                 | 45,709.96       | 77.61                        | .028                   | 267.31           | 2.16                 |
| HOSPITAL VISITS            | 156    | 334                                 | 15,552.42       | 46.56                        | .016                   | 99.70            | .73                  |
| CRITICAL CARE              | 24     | 254                                 | 30,130.04       | 118.62                       | .012                   | 1255.42          | 1.42                 |
| SNF/ICF/TRANS IP CARE      | 1      | 1                                   | 27.50           | 27.50                        | .000                   | 27.50            | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 7      | 9                                   | 447.81          | 49.76                        | .000                   | 63.97            | .02                  |
| EXAMINATIONS               | 7      | 9                                   | 447.81          | 49.76                        | .000                   | 63.97            | .02                  |
| SERVICES AND MATERIALS     | 0      | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 213    | 2,031                               | 96,325.24       | 47.43                        | .096                   | 452.23           | 4.55                 |
| PRINCIPAL SURGEON          | 124    | 140                                 | 71,998.52       | 514.28                       | .007                   | 580.63           | 3.40                 |
| ASSISTANT SURGEON          | 32     | 33                                  | 5,013.23        | 151.92                       | .002                   | 156.66           | .24                  |
| ANESTHESIOLOGIST           | 99     | 1,858                               | 19,313.49       | 10.39                        | .088                   | 195.09           | .91                  |
| OUTPATIENT SURGERY         | 365    | 1,168                               | 74,124.11       | 63.46                        | .055                   | 203.08           | 3.50                 |
| PRINCIPAL SURGEON          | 282    | 359                                 | 55,971.61       | 155.91                       | .017                   | 198.48           | 2.64                 |
| ASSISTANT SURGEON          | 1      | 1                                   | 146.22          | 146.22                       | .000                   | 146.22           | .01                  |
| ANESTHESIOLOGIST           | 134    | 808                                 | 18,006.28       | 22.29                        | .038                   | 134.38           | .85                  |
| DIALYSIS                   | 0      | 0                                   | .00             | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 319    | 463                                 | 9,518.20        | 20.56                        | .022                   | 29.84            | .45                  |
| RADIOLOGY                  | 957    | 1,457                               | 38,712.25       | 26.57                        | .069                   | 40.45            | 1.83                 |
| PSYCHIATRY                 | 2      | 2                                   | 96.51           | 48.26                        | .000                   | 48.26            | .00                  |

|                            |   |        |    |            |    |        |      |           |          |
|----------------------------|---|--------|----|------------|----|--------|------|-----------|----------|
| IMMUNIZATION AND INJECTION | 85  | 185    |    | 6,228.16   |    | 33.67  | .009 | 73.27     | .29      |
| OTHER SERVICES/ALL X-OVERS | 345   | 1,350  |    | 34,982.35  |    | 25.91  | .064 | 101.40    | 1.65     |
| @PHARMACY                  | 5,824   | 16,275 | \$ | 697,729.60 | \$ | 42.87  | .769 | \$ 119.80 | \$ 32.95 |
| PRESCRIPTION DRUGS         | 5,780   | 13,890 |    | 686,458.24 |    | 49.42  | .656 | 118.76    | 32.42    |
| SNF/ICF                    | 0   | 0      |    | .00        |    | .00    | .000 | .00       | .00      |
| OUTPATIENTS                | 5,780   | 13,890 |    | 686,458.24 |    | 49.42  | .656 | 118.76    | 32.42    |
| MEDICAL SUPPLIES           | 149   | 2,385  |    | 11,271.36  |    | 4.73   | .113 | 75.65     | .53      |
| @DENTIST                   | 925   | 4,694  | \$ | 203,209.49 | \$ | 43.29  | .222 | \$ 219.69 | \$ 9.60  |
| VISITS - DIAGNOSTIC        | 607   | 2,609  |    | 40,552.30  |    | 15.54  | .123 | 66.81     | 1.92     |
| ORAL SURGERY               | 121   | 329    |    | 20,161.60  |    | 61.28  | .016 | 166.62    | .95      |
| DRUGS                      | 14  | 16     |    | 190.00     |    | 11.88  | .001 | 13.57     | .01      |
| ANESTHESIA                 | 12  | 12     |    | 1,200.00   |    | 100.00 | .001 | 100.00    | .06      |
| PERIODONTICS               | 31  | 31     |    | 4,520.00   |    | 145.81 | .001 | 145.81    | .21      |
| ENDODONTICS                | 105   | 215    |    | 29,818.00  |    | 138.69 | .010 | 283.98    | 1.41     |
| RESTORATIVE DENTISTRY      | 373   | 1,307  |    | 88,456.50  |    | 67.68  | .062 | 237.15    | 4.18     |
| PROSTHETICS                | 3   | 3      |    | 90.00      |    | 30.00  | .000 | 30.00     | .00      |
| DENTURES, STAYPLATES       | 27  | 109    |    | 11,279.00  |    | 103.48 | .005 | 417.74    | .53      |
| SPACE MAINTAINERS          | 7   | 9      |    | 1,026.00   |    | 114.00 | .000 | 146.57    | .05      |
| MAXILLOFACIAL SERVICES     | 6   | 7      |    | 476.09     |    | 68.01  | .000 | 79.35     | .02      |
| FRACTURES, DISLOCATIONS    | 0   | 0      |    | .00        |    | .00    | .000 | .00       | .00      |
| ORTHODONTIC SERVICES       | 28  | 42     |    | 5,365.00   |    | 127.74 | .002 | 191.61    | .25      |
| ALL OTHER SERVICES         | 4   | 5      |    | 75.00      |    | 15.00  | .000 | 18.75     | .00      |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |        |    |            |    |        |      |           |          |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |        |    |            |    |        |      |           |          |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 58 ALL FAMILIES   |        |    |            |    |        |      |           |          |

PAGE 838  
01/17/03

| 21,175 ELIGIBLES             | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |          |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|----------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |          |
| @OPTOMETRIST                 | 296   | 748                                 | \$           | 18,705.81                    | \$ 25.01               | .035             | \$ 63.20             | \$ .88   |
| DIAGNOSTIC AND ANC. PROCED   | 224   | 225                                 |              | 10,471.78                    | 46.54                  | .011             | 46.75                | .49      |
| EYE APPLIANCES               | 169   | 479                                 |              | 7,276.37                     | 15.19                  | .023             | 43.06                | .34      |
| OTHER OPTOMETRIC SERVICES    | 40    | 44                                  |              | 957.66                       | 21.77                  | .002             | 23.94                | .05      |
| @CHIROPRACTOR                | 31    | 47                                  | \$           | 718.96                       | \$ 15.30               | .002             | \$ 23.19             | \$ .03   |
| VISITS                       | 31    | 47                                  |              | 718.96                       | 15.30                  | .002             | 23.19                | .03      |
| OTHER SERVICES               | 0     | 0                                   |              | .00                          | .00                    | .000             | .00                  | .00      |
| @PODIATRIST                  | 21    | 29                                  | \$           | 979.70                       | \$ 33.78               | .001             | \$ 46.65             | \$ .05   |
| MEDICINE/INJECTIONS          | 17    | 17                                  |              | 710.00                       | 41.76                  | .001             | 41.76                | .03      |
| SURGERY/ANES.                | 5     | 10                                  |              | 235.10                       | 23.51                  | .000             | 47.02                | .01      |
| RADIO./PATHOLOGY             | 2     | 2                                   |              | 34.60                        | 17.30                  | .000             | 17.30                | .00      |
| OTHER                        | 0     | 0                                   |              | .00                          | .00                    | .000             | .00                  | .00      |
| @HOME HEALTH AGENCY          | 11    | 42                                  | \$           | 2,655.56                     | \$ 63.23               | .002             | \$ 241.41            | \$ .13   |
| NURSE ANESTHESIST            | 0     | 0                                   | \$           | .00                          | .00                    | .000             | .00                  | .00      |
| NURSE MIDWIFE                | 3     | 18                                  | \$           | 596.75                       | \$ 33.15               | .001             | \$ 198.92            | \$ .03   |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$           | .00                          | .00                    | .000             | .00                  | .00      |
| FAMILY NURSE PRACTITIONER    | 1     | 1                                   | \$           | 75.17                        | \$ 75.17               | .000             | \$ 75.17             | \$ .00   |
| @TOTAL HOSPITAL              | 3,542 | 14,268                              | \$           | 1,483,404.04                 | \$ 103.97              | .674             | \$ 418.80            | \$ 70.05 |
| HOSP INPATIENT TOTAL         | 179   | 868                                 |              | 1,068,064.72                 | 1230.49                | .041             | 5966.84              | 50.44    |
| HSC HOSPITALS                | 56    | 402                                 |              | 492,285.79                   | 1224.59                | .019             | 8790.82              | 23.25    |
| NON-HSC HOSPITAL TOTAL       | 121   | 450                                 |              | 572,899.45                   | 1273.11                | .021             | 4734.71              | 27.06    |
| ACCOMMODATIONS               | 119   | 450                                 |              | 186,848.31                   | 415.22                 | .021             | 1570.15              | 8.82     |
| ADMINISTRATIVE DAYS          | 0     | 0                                   |              | .00                          | .00                    | .000             | .00                  | .00      |
| TRANSITIONAL IP CARE         | 0     | 0                                   |              | .00                          | .00                    | .000             | .00                  | .00      |
| ALL OTHER ACCOM              | 119   | 450                                 |              | 186,848.31                   | 415.22                 | .021             | 1570.15              | 8.82     |
| ANCILLARIES                  | 121   | 0                                   |              | 386,051.14                   | .00                    | .000             | 3190.51              | 18.23    |
| INPATIENT CROSSOVERS         | 4     | 16                                  |              | 2,879.48                     | 179.97                 | .001             | 719.87               | .14      |
| ALL OTHER INPATIENT          | 0     | 0                                   |              | .00                          | .00                    | .000             | .00                  | .00      |

|                             |   |        |             |          |      |           |          |
|-----------------------------|---|--------|-------------|----------|------|-----------|----------|
| HOSP OUTPATIENT TOTAL       | 3,444   | 13,400 | 415,339.32  | 31.00    | .633 | 120.60    | 19.61    |
| MEDICAL                     | 1,798   | 2,329  | 114,497.75  | 49.16    | .110 | 63.68     | 5.41     |
| SURGERY                     | 140   | 145    | 10,109.10   | 69.72    | .007 | 72.21     | .48      |
| PATHOLOGY                   | 1,357   | 5,109  | 62,982.33   | 12.33    | .241 | 46.41     | 2.97     |
| RADIOLOGY                   | 901   | 1,264  | 83,689.39   | 66.21    | .060 | 92.89     | 3.95     |
| ROOM USE                    | 2,029   | 2,697  | 114,519.80  | 42.46    | .127 | 56.44     | 5.41     |
| CROSSOVERS/ALL OTH OUTPTNT  | 937   | 1,856  | 29,540.95   | 15.92    | .088 | 31.53     | 1.40     |
| @COUNTY HOSPITAL TOTAL      | 26  | 77     | \$ 6,232.52 | \$ 80.94 | .004 | \$ 239.71 | \$ .29   |
| CO HOSPITAL INPATIENT TOTAL | 1   | 3      | 3,144.02    | 1048.01  | .000 | 3144.02   | .15      |
| HSC HOSPITALS               | 1   | 3      | 3,144.02    | 1048.01  | .000 | 3144.02   | .15      |
| NON-HSC HOSPITALS TOTAL     | 0   | 0      | .00         | .00      | .000 | .00       | .00      |
| ACCOMMODATIONS              | 0   | 0      | .00         | .00      | .000 | .00       | .00      |
| ADMINISTRATIVE DAYS         | 0   | 0      | .00         | .00      | .000 | .00       | .00      |
| TRANSITIONAL IP CARE        | 0   | 0      | .00         | .00      | .000 | .00       | .00      |
| ALL OTHER ACCOM             | 0   | 0      | .00         | .00      | .000 | .00       | .00      |
| ANCILLARIES                 | 0   | 0      | .00         | .00      | .000 | .00       | .00      |
| INPATIENT CROSSOVERS        | 0   | 0      | .00         | .00      | .000 | .00       | .00      |
| ALL OTHER INPATIENT         | 0   | 0      | .00         | .00      | .000 | .00       | .00      |
| CO HOSP OUTPATIENT TOTAL    | 25  | 74     | 3,088.50    | 41.74    | .003 | 123.54    | .15      |
| MEDICAL                     | 10  | 11     | 651.25      | 59.20    | .001 | 65.13     | .03      |
| SURGERY                     | 3   | 3      | 195.70      | 65.23    | .000 | 65.23     | .01      |
| PATHOLOGY                   | 8   | 23     | 355.65      | 15.46    | .001 | 44.46     | .02      |
| RADIOLOGY                   | 9   | 11     | 709.36      | 64.49    | .001 | 78.82     | .03      |
| ROOM USE                    | 13  | 18     | 1,018.24    | 56.57    | .001 | 78.33     | .05      |
| CROSSOVERS/ALL OTH OUTPTNT  | 6   | 8      | 158.30      | 19.79    | .000 | 26.38     | .01      |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |        |             |          |      |           | PAGE 839 |
| MOP024                      | FEE-FOR-SERVICE/DENTAL  |        |             |          |      |           | 01/17/03 |
| AMADOR COUNTY               | SUMMARY OF SERVICES FOR 58 ALL FAMILIES   |        |             |          |      |           |          |

|                             |       |                                     |                 |                              | ----- MONTHLY AVERAGE ----- |                  |                      |  |
|-----------------------------|-------|-------------------------------------|-----------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 21,175 ELIGIBLES            | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES    | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @COMMUNITY HOSPITAL TOTAL   | 3,526 | 14,191                              | \$ 1,477,171.52 | \$ 104.09                    | .670                        | \$ 418.94        | \$ 69.76             |  |
| COMM HOSP INPATIENT TOTAL   | 178   | 865                                 | 1,064,920.70    | 1231.12                      | .041                        | 5982.70          | 50.29                |  |
| HSC HOSPITALS               | 55    | 399                                 | 489,141.77      | 1225.92                      | .019                        | 8893.49          | 23.10                |  |
| NON-HSC HOSPITALS TOTAL     | 121   | 450                                 | 572,899.45      | 1273.11                      | .021                        | 4734.71          | 27.06                |  |
| ACCOMMODATIONS              | 119   | 450                                 | 186,848.31      | 415.22                       | .021                        | 1570.15          | 8.82                 |  |
| ADMINISTRATIVE DAYS         | 0     | 0                                   | .00             | .00                          | .000                        | .00              | .00                  |  |
| TRANSITIONAL IP CARE        | 0     | 0                                   | .00             | .00                          | .000                        | .00              | .00                  |  |
| ALL OTHER ACCOM             | 119   | 450                                 | 186,848.31      | 415.22                       | .021                        | 1570.15          | 8.82                 |  |
| ANCILLARIES                 | 121   | 0                                   | 386,051.14      | .00                          | .000                        | 3190.51          | 18.23                |  |
| INPATIENT CROSSOVERS        | 4     | 16                                  | 2,879.48        | 179.97                       | .001                        | 719.87           | .14                  |  |
| ALL OTHER INPATIENT         | 0     | 0                                   | .00             | .00                          | .000                        | .00              | .00                  |  |
| COMM HOSP OUTPATIENT TOTAL  | 3,429 | 13,326                              | 412,250.82      | 30.94                        | .629                        | 120.22           | 19.47                |  |
| MEDICAL                     | 1,789 | 2,318                               | 113,846.50      | 49.11                        | .109                        | 63.64            | 5.38                 |  |
| SURGERY                     | 137   | 142                                 | 9,913.40        | 69.81                        | .007                        | 72.36            | .47                  |  |
| PATHOLOGY                   | 1,349 | 5,086                               | 62,626.68       | 12.31                        | .240                        | 46.42            | 2.96                 |  |
| RADIOLOGY                   | 895   | 1,253                               | 82,980.03       | 66.23                        | .059                        | 92.72            | 3.92                 |  |
| ROOM USE                    | 2,020 | 2,679                               | 113,501.56      | 42.37                        | .127                        | 56.19            | 5.36                 |  |
| CROSSOVERS/ALL OTH OUTPTNT  | 932   | 1,848                               | 29,382.65       | 15.90                        | .087                        | 31.53            | 1.39                 |  |
| @STATE HOSPITAL             | 0     | 0                                   | \$ .00          | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| MENTALLY ILL                | 0     | 0                                   | .00             | .00                          | .000                        | .00              | .00                  |  |
| DEVELOP. DISABLED           | 0     | 0                                   | .00             | .00                          | .000                        | .00              | .00                  |  |
| @NURSING FACILITY           | 0     | 0                                   | \$ .00          | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| LEV A-INTERMEDIATE          | 0     | 0                                   | .00             | .00                          | .000                        | .00              | .00                  |  |
| LEV B-REHAB MD              | 0     | 0                                   | .00             | .00                          | .000                        | .00              | .00                  |  |
| LEV B-SUBACUTE FREESTANDING | 0     | 0                                   | .00             | .00                          | .000                        | .00              | .00                  |  |



|                              |   |       |    |            |           |      |           |          |
|------------------------------|---|-------|----|------------|-----------|------|-----------|----------|
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0     |    | .00        | .00       | .000 | .00       | .00      |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0     |    | .00        | .00       | .000 | .00       | .00      |
| LEV B-REGULAR                | 0   | 0     |    | .00        | .00       | .000 | .00       | .00      |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0     | \$ | .00        | \$ .00    | .000 | \$ .00    | \$ .00   |
| ICF DDH                      | 0   | 0     |    | .00        | .00       | .000 | .00       | .00      |
| ICF DD                       | 0   | 0     |    | .00        | .00       | .000 | .00       | .00      |
| ICF DDN/DDCN                 | 0   | 0     |    | .00        | .00       | .000 | .00       | .00      |
| @HEMODIALYSIS TOTAL          | 0   | 0     | \$ | .00        | \$ .00    | .000 | \$ .00    | \$ .00   |
| HOSPITAL BASED               | 0   | 0     |    | .00        | .00       | .000 | .00       | .00      |
| HEMODIALYSIS CENTER          | 0   | 0     |    | .00        | .00       | .000 | .00       | .00      |
| @REHABILITATION FACILITY     | 10  | 50    | \$ | 1,147.95   | \$ 22.96  | .002 | \$ 114.80 | \$ .05   |
| HOSPITAL BASED               | 9   | 48    |    | 1,126.75   | 23.47     | .002 | 125.19    | .05      |
| INDEPENDENT FACILITY         | 1   | 2     |    | 21.20      | 10.60     | .000 | 21.20     | .00      |
| @LABORATORY FACILITY         | 513   | 1,234 | \$ | 22,736.49  | \$ 18.43  | .058 | \$ 44.32  | \$ 1.07  |
| PATHOLOGY                    | 512   | 1,232 |    | 22,676.24  | 18.41     | .058 | 44.29     | 1.07     |
| XO AND OTHERS                | 1   | 2     |    | 60.25      | 30.13     | .000 | 60.25     | .00      |
| @ORGANIZED OUTPATIENT CLINIC | 2,415   | 3,675 | \$ | 449,807.96 | \$ 122.40 | .174 | \$ 186.26 | \$ 21.24 |
| CLINIC                       | 50  | 206   |    | 5,344.36   | 25.94     | .010 | 106.89    | .25      |
| SURGICENTER                  | 25  | 190   |    | 6,156.87   | 32.40     | .009 | 246.27    | .29      |
| HEROIN DETOX CLINIC          | 1   | 9     |    | 83.55      | 9.28      | .000 | 83.55     | .00      |
| RURAL HEALTH CLINIC          | 2,346   | 3,270 |    | 438,223.18 | 134.01    | .154 | 186.80    | 20.70    |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |       |    |            |           |      | PAGE      | 840      |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |       |    |            |           |      |           | 01/17/03 |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 58 ALL FAMILIES   |       |    |            |           |      |           |          |

|                            | 21,175 ELIGIBLES | USERS  | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|------------------|--------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS       | 1,347            | 10,453 | \$                                  | 95,304.76    | \$ 9.12                      | .494                                      | \$ 70.75         | \$ 4.50              |
| DURABLE MED. EQUIP.        | 34               | 115    |                                     | 5,767.71     | 50.15                        | .005                                      | 169.64           | .27                  |
| BLOOD BANK                 | 0                | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| HEARING AID DISPENSERS     | 0                | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 129              | 2,452  |                                     | 35,801.97    | 14.60                        | .116                                      | 277.53           | 1.69                 |
| AMBULANCES/AIR TRANS       | 124              | 2,293  |                                     | 30,463.37    | 13.29                        | .108                                      | 245.67           | 1.44                 |
| OTHER TRANS                | 0                | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES             | 8                | 159    |                                     | 5,338.60     | 33.58                        | .008                                      | 667.33           | .25                  |
| ACUPUNCTURE                | 0                | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0                | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| GENETIC DISEASE TESTING    | 56               | 56     |                                     | 4,046.00     | 72.25                        | .003                                      | 72.25            | .19                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 2                | 8      |                                     | 363.44       | 45.43                        | .000                                      | 181.72           | .02                  |
| OCCUPATIONAL THERAPIST     | 0                | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| OPTICIAN                   | 178              | 378    |                                     | 3,538.62     | 9.36                         | .018                                      | 19.88            | .17                  |
| PHYSICAL THERAPIST         | 0                | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| PORTABLE X-RAY             | 0                | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS     | 17               | 35     |                                     | 7,284.91     | 208.14                       | .002                                      | 428.52           | .34                  |
| PROSTHETICS                | 7                | 25     |                                     | 6,618.90     | 264.76                       | .001                                      | 945.56           | .31                  |
| ORTHOTICS                  | 10               | 10     |                                     | 666.01       | 66.60                        | .000                                      | 66.60            | .03                  |
| PSYCHOLOGIST               | 1                | 9      |                                     | 550.79       | 61.20                        | .000                                      | 550.79           | .03                  |
| SPEECH AND AUDIOLOGY       | 1                | 3      |                                     | 225.19       | 75.06                        | .000                                      | 225.19           | .01                  |
| HOSPICE SERVICES           | 0                | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| NONINST BIRTHING CENTERS   | 0                | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| LOCAL EDUCATION AGENCIES   | 926              | 3,915  |                                     | 35,395.40    | 9.04                         | .185                                      | 38.22            | 1.67                 |
| EPSDT SUPPLEMENTAL SERVICE | 0                | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| RESPIRATORY CARE PRACT.    | 0                | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING | 0                | 0      |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER PROVIDERS        | 21               | 3,482  |                                     | 2,330.73     | .67                          | .164                                      | 110.99           | .11                  |
| @CALIF. CHILDREN SERVICES* | 92               | 602    | \$                                  | 317,754.45   | \$ 527.83                    | .028                                      | \$ 3453.85       | \$ 15.01             |

@XOVER EXCLUDING STATE HOSP\*\* 23 263 \$ 4,365.96 \$ 16.60 .012 \$ 189.82 \$ .21

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 841  
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

| 742 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |               | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 363   | 13,312                              | \$ 157,775.93 | \$ 11.85                     | 17.941                 | \$ 434.64        | \$ 212.64            |
| @PHYSICIANS SERVICES       | 116   | 457                                 | \$ 13,025.81  | \$ 28.50                     | .616                   | \$ 112.29        | \$ 17.56             |
| OUTPATIENT VISITS          | 67    | 89                                  | 3,981.00      | 44.73                        | .120                   | 59.42            | 5.37                 |
| OFFICE VISITS              | 48    | 65                                  | 2,311.14      | 35.56                        | .088                   | 48.15            | 3.11                 |
| HOME VISITS                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 8     | 9                                   | 488.07        | 54.23                        | .012                   | 61.01            | .66                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 10    | 13                                  | 1,141.65      | 87.82                        | .018                   | 114.17           | 1.54                 |
| OTHER OUTPATIENT           | 2     | 2                                   | 40.14         | 20.07                        | .003                   | 20.07            | .05                  |
| INPATIENT VISITS           | 15    | 61                                  | 2,980.33      | 48.86                        | .082                   | 198.69           | 4.02                 |
| HOSPITAL VISITS            | 12    | 54                                  | 2,593.76      | 48.03                        | .073                   | 216.15           | 3.50                 |
| CRITICAL CARE              | 2     | 2                                   | 254.27        | 127.14                       | .003                   | 127.14           | .34                  |
| SNF/ICF/TRANS IP CARE      | 2     | 5                                   | 132.30        | 26.46                        | .007                   | 66.15            | .18                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 6     | 31                                  | 1,726.55      | 55.70                        | .042                   | 287.76           | 2.33                 |
| PRINCIPAL SURGEON          | 3     | 4                                   | 1,082.92      | 270.73                       | .005                   | 360.97           | 1.46                 |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 4     | 27                                  | 643.63        | 23.84                        | .036                   | 160.91           | .87                  |
| OUTPATIENT SURGERY         | 9     | 35                                  | 1,373.32      | 39.24                        | .047                   | 152.59           | 1.85                 |
| PRINCIPAL SURGEON          | 8     | 9                                   | 1,009.47      | 112.16                       | .012                   | 126.18           | 1.36                 |
| ASSISTANT SURGEON          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 3     | 26                                  | 363.85        | 13.99                        | .035                   | 121.28           | .49                  |
| DIALYSIS                   | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 13    | 21                                  | 175.38        | 8.35                         | .028                   | 13.49            | .24                  |
| RADIOLOGY                  | 35    | 63                                  | 1,499.67      | 23.80                        | .085                   | 42.85            | 2.02                 |
| PSYCHIATRY                 | 1     | 1                                   | 34.16         | 34.16                        | .001                   | 34.16            | .05                  |
| IMMUNIZATION AND INJECTION | 2     | 5                                   | 30.01         | 6.00                         | .007                   | 15.01            | .04                  |
| OTHER SERVICES/ALL X-OVERS | 19    | 151                                 | 1,225.39      | 8.12                         | .204                   | 64.49            | 1.65                 |
| @PHARMACY                  | 165   | 1,223                               | \$ 17,429.95  | \$ 14.25                     | 1.648                  | \$ 105.64        | \$ 23.49             |
| PRESCRIPTION DRUGS         | 156   | 302                                 | 16,255.84     | 53.83                        | .407                   | 104.20           | 21.91                |
| SNF/ICF                    | 3     | 15                                  | 590.65        | 39.38                        | .020                   | 196.88           | .80                  |
| OUTPATIENTS                | 155   | 287                                 | 15,665.19     | 54.58                        | .387                   | 101.07           | 21.11                |
| MEDICAL SUPPLIES           | 9     | 921                                 | 1,174.11      | 1.27                         | 1.241                  | 130.46           | 1.58                 |
| @DENTIST                   | 37    | 156                                 | \$ 4,280.00   | \$ 27.44                     | .210                   | \$ 115.68        | \$ 5.77              |
| VISITS - DIAGNOSTIC        | 32    | 121                                 | 1,904.00      | 15.74                        | .163                   | 59.50            | 2.57                 |
| ORAL SURGERY               | 4     | 7                                   | 675.00        | 96.43                        | .009                   | 168.75           | .91                  |
| DRUGS                      | 1     | 1                                   | 15.00         | 15.00                        | .001                   | 15.00            | .02                  |
| ANESTHESIA                 | 1     | 1                                   | 100.00        | 100.00                       | .001                   | 100.00           | .13                  |
| PERIODONTICS               | 1     | 1                                   | 55.00         | 55.00                        | .001                   | 55.00            | .07                  |
| ENDODONTICS                | 2     | 2                                   | 142.00        | 71.00                        | .003                   | 71.00            | .19                  |
| RESTORATIVE DENTISTRY      | 8     | 21                                  | 1,354.00      | 64.48                        | .028                   | 169.25           | 1.82                 |
| PROSTHETICS                | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| DENTURES, STAYPLATES       | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |
| SPACE MAINTAINERS          | 0     | 0                                   | .00           | .00                          | .000                   | .00              | .00                  |

|                         |   |   |       |       |      |       |     |
|-------------------------|---|---|-------|-------|------|-------|-----|
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00   | .00   | .000 | .00   | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00   | .00   | .000 | .00   | .00 |
| ORTHODONTIC SERVICES    | 2 | 2 | 35.00 | 17.50 | .003 | 17.50 | .05 |
| ALL OTHER SERVICES      | 0 | 0 | .00   | .00   | .000 | .00   | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      842  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR    59 ALL MEDICALLY INDIGENT

| 742 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 5     | 11    \$                            | 335.07       | \$    30.46                  | .015                   | \$    67.01      | \$    .45            |
| DIAGNOSTIC AND ANC. PROCED   | 3     | 3                                   | 142.35       | 47.45                        | .004                   | 47.45            | .19                  |
| EYE APPLIANCES               | 2     | 6                                   | 85.70        | 14.28                        | .008                   | 42.85            | .12                  |
| OTHER OPTOMETRIC SERVICES    | 2     | 2                                   | 107.02       | 53.51                        | .003                   | 53.51            | .14                  |
| @CHIROPRACTOR                | 1     | 1    \$                             | 16.72        | \$    16.72                  | .001                   | \$    16.72      | \$    .02            |
| VISITS                       | 1     | 1                                   | 16.72        | 16.72                        | .001                   | 16.72            | .02                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0    \$                             | .00          | \$    .00                    | .000                   | \$    .00        | \$    .00            |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0    \$                             | .00          | \$    .00                    | .000                   | \$    .00        | \$    .00            |
| NURSE ANESTHESIST            | 0     | 0    \$                             | .00          | \$    .00                    | .000                   | \$    .00        | \$    .00            |
| NURSE MIDWIFE                | 0     | 0    \$                             | .00          | \$    .00                    | .000                   | \$    .00        | \$    .00            |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0    \$                             | .00          | \$    .00                    | .000                   | \$    .00        | \$    .00            |
| FAMILY NURSE PRACTITIONER    | 0     | 0    \$                             | .00          | \$    .00                    | .000                   | \$    .00        | \$    .00            |
| @TOTAL HOSPITAL              | 116   | 594    \$                           | 83,215.94    | \$    140.09                 | .801                   | \$    717.38     | \$    112.15         |
| HOSP INPATIENT TOTAL         | 12    | 45                                  | 66,313.46    | 1473.63                      | .061                   | 5526.12          | 89.37                |
| HSC HOSPITALS                | 4     | 11                                  | 11,940.00    | 1085.45                      | .015                   | 2985.00          | 16.09                |
| NON-HSC HOSPITAL TOTAL       | 8     | 34                                  | 54,373.46    | 1599.22                      | .046                   | 6796.68          | 73.28                |
| ACCOMMODATIONS               | 8     | 34                                  | 16,586.82    | 487.85                       | .046                   | 2073.35          | 22.35                |

|                             |     |     |           |        |      |         |        |
|-----------------------------|-----|-----|-----------|--------|------|---------|--------|
| ADMINISTRATIVE DAYS         | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| TRANSITIONAL IP CARE        | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| ALL OTHER ACCOM             | 8   | 34  | 16,586.82 | 487.85 | .046 | 2073.35 | 22.35  |
| ANCILLARIES                 | 8   | 0   | 37,786.64 | .00    | .000 | 4723.33 | 50.93  |
| INPATIENT CROSSOVERS        | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| ALL OTHER INPATIENT         | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| HOSP OUTPATIENT TOTAL       | 108 | 549 | 16,902.48 | 30.79  | .740 | 156.50  | 22.78  |
| MEDICAL                     | 59  | 80  | 5,021.99  | 62.77  | .108 | 85.12   | 6.77   |
| SURGERY                     | 4   | 4   | 116.89    | 29.22  | .005 | 29.22   | .16    |
| PATHOLOGY                   | 53  | 241 | 2,930.77  | 12.16  | .325 | 55.30   | 3.95   |
| RADIOLOGY                   | 38  | 65  | 3,645.39  | 56.08  | .088 | 95.93   | 4.91   |
| ROOM USE                    | 64  | 83  | 3,682.54  | 44.37  | .112 | 57.54   | 4.96   |
| CROSSOVERS/ALL OTH OUTPTNT  | 42  | 76  | 1,504.90  | 19.80  | .102 | 35.83   | 2.03   |
| @COUNTY HOSPITAL TOTAL      | 0   | 0   | \$ .00    | \$ .00 | .000 | \$ .00  | \$ .00 |
| CO HOSPITAL INPATIENT TOTAL | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| HSC HOSPITALS               | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| NON-HSC HOSPITALS TOTAL     | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| ACCOMMODATIONS              | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| ADMINISTRATIVE DAYS         | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| TRANSITIONAL IP CARE        | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| ALL OTHER ACCOM             | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| ANCILLARIES                 | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| INPATIENT CROSSOVERS        | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| ALL OTHER INPATIENT         | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| CO HOSP OUTPATIENT TOTAL    | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| MEDICAL                     | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| SURGERY                     | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| PATHOLOGY                   | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| RADIOLOGY                   | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| ROOM USE                    | 0   | 0   | .00       | .00    | .000 | .00     | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 0   | .00       | .00    | .000 | .00     | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 843  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

| 742 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL  | 116   | 594                                 | \$ 83,215.94 | \$ 140.09                    | .801                   | \$ 717.38        | \$ 112.15            |
| COMM HOSP INPATIENT TOTAL  | 12    | 45                                  | 66,313.46    | 1473.63                      | .061                   | 5526.12          | 89.37                |
| HSC HOSPITALS              | 4     | 11                                  | 11,940.00    | 1085.45                      | .015                   | 2985.00          | 16.09                |
| NON-HSC HOSPITALS TOTAL    | 8     | 34                                  | 54,373.46    | 1599.22                      | .046                   | 6796.68          | 73.28                |
| ACCOMMODATIONS             | 8     | 34                                  | 16,586.82    | 487.85                       | .046                   | 2073.35          | 22.35                |
| ADMINISTRATIVE DAYS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM            | 8     | 34                                  | 16,586.82    | 487.85                       | .046                   | 2073.35          | 22.35                |
| ANCILLARIES                | 8     | 0                                   | 37,786.64    | .00                          | .000                   | 4723.33          | 50.93                |
| INPATIENT CROSSOVERS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL | 108   | 549                                 | 16,902.48    | 30.79                        | .740                   | 156.50           | 22.78                |
| MEDICAL                    | 59    | 80                                  | 5,021.99     | 62.77                        | .108                   | 85.12            | 6.77                 |
| SURGERY                    | 4     | 4                                   | 116.89       | 29.22                        | .005                   | 29.22            | .16                  |
| PATHOLOGY                  | 53    | 241                                 | 2,930.77     | 12.16                        | .325                   | 55.30            | 3.95                 |
| RADIOLOGY                  | 38    | 65                                  | 3,645.39     | 56.08                        | .088                   | 95.93            | 4.91                 |
| ROOM USE                   | 64    | 83                                  | 3,682.54     | 44.37                        | .112                   | 57.54            | 4.96                 |
| CROSSOVERS/ALL OTH OUTPTNT | 42    | 76                                  | 1,504.90     | 19.80                        | .102                   | 35.83            | 2.03                 |
| @STATE HOSPITAL            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |

|                              |    |     |    |           |           |      |            |          |
|------------------------------|----|-----|----|-----------|-----------|------|------------|----------|
| MENTALLY ILL                 | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| DEVELOP. DISABLED            | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| @NURSING FACILITY            | 3  | 190 | \$ | 17,645.60 | \$ 92.87  | .256 | \$ 5881.87 | \$ 23.78 |
| LEV A-INTERMEDIATE           | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| LEV B-REHAB MD               | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| LEV B-SUBACUTE FREESTANDING  | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| LEV B-SUBACUTE HSPTL BASED   | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| LEV B-TRANSITIONAL IP CARE   | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| LEV B-REGULAR                | 3  | 190 |    | 17,645.60 | 92.87     | .256 | 5881.87    | 23.78    |
| @INTERMEDIATE CARE FACIL.-DD | 0  | 0   | \$ | .00       | \$ .00    | .000 | \$ .00     | \$ .00   |
| ICF DDH                      | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| ICF DD                       | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| ICF DDN/DDCN                 | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| @HEMODIALYSIS TOTAL          | 0  | 0   | \$ | .00       | \$ .00    | .000 | \$ .00     | \$ .00   |
| HOSPITAL BASED               | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| HEMODIALYSIS CENTER          | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| @REHABILITATION FACILITY     | 0  | 0   | \$ | .00       | \$ .00    | .000 | \$ .00     | \$ .00   |
| HOSPITAL BASED               | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| INDEPENDENT FACILITY         | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| @LABORATORY FACILITY         | 24 | 101 | \$ | 1,760.05  | \$ 17.43  | .136 | \$ 73.34   | \$ 2.37  |
| PATHOLOGY                    | 24 | 101 |    | 1,760.05  | 17.43     | .136 | 73.34      | 2.37     |
| XO AND OTHERS                | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| @ORGANIZED OUTPATIENT CLINIC | 30 | 41  | \$ | 5,903.88  | \$ 144.00 | .055 | \$ 196.80  | \$ 7.96  |
| CLINIC                       | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| SURGICENTER                  | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| HEROIN DETOX CLINIC          | 0  | 0   |    | .00       | .00       | .000 | .00        | .00      |
| RURAL HEALTH CLINIC          | 30 | 41  |    | 5,903.88  | 144.00    | .055 | 196.80     | 7.96     |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      844  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

| 742 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS       | 48    | 10,538                              | \$ 14,162.91 | \$ 1.34                      | 14.202                                 | \$ 295.06        | \$ 19.09             |
| DURABLE MED. EQUIP.        | 2     | 3                                   | 135.24       | 45.08                        | .004                                   | 67.62            | .18                  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 11    | 393                                 | 2,878.14     | 7.32                         | .530                                   | 261.65           | 3.88                 |
| AMBULANCES/AIR TRANS       | 11    | 393                                 | 2,878.14     | 7.32                         | .530                                   | 261.65           | 3.88                 |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| GENETIC DISEASE TESTING    | 4     | 4                                   | 420.00       | 105.00                       | .005                                   | 105.00           | .57                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OPTICIAN                   | 2     | 4                                   | 33.28        | 8.32                         | .005                                   | 16.64            | .04                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS     | 1     | 2                                   | 53.93        | 26.97                        | .003                                   | 53.93            | .07                  |
| PROSTHETICS                | 1     | 1                                   | 9.85         | 9.85                         | .001                                   | 9.85             | .01                  |
| ORTHOTICS                  | 1     | 1                                   | 44.08        | 44.08                        | .001                                   | 44.08            | .06                  |
| PSYCHOLOGIST               | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY       | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| HOSPICE SERVICES           | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| NONINST BIRTHING CENTERS   | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |

|                               |    |       |    |          |    |          |          |        |         |
|-------------------------------|----|-------|----|----------|----|----------|----------|--------|---------|
| LOCAL EDUCATION AGENCIES      | 11 | 791   |    | 4,677.27 |    | 5.91     | 1.066    | 425.21 | 6.30    |
| EPSDT SUPPLEMENTAL SERVICE    | 0  | 0     |    | .00      |    | .00      | .000     | .00    | .00     |
| RESPIRATORY CARE PRACT.       | 0  | 0     |    | .00      |    | .00      | .000     | .00    | .00     |
| PED SUBACUTE REHAB/WEANING    | 0  | 0     |    | .00      |    | .00      | .000     | .00    | .00     |
| ALL OTHER PROVIDERS           | 19 | 9,341 |    | 5,965.05 |    | .64      | 12.589   | 313.95 | 8.04    |
| @CALIF. CHILDREN SERVICES*    | 1  | 3CR   | \$ | 806.83   | \$ | 268.94CR | .004CR\$ | 806.83 | \$ 1.09 |
| @XOVER EXCLUDING STATE HOSP** | 0  | 0     | \$ | .00      | \$ | .00      | .000     | .00    | \$ .00  |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |  |          |
|----------------------------|---|--|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES        | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 845 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL                    |  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS | AID CODES  |          |

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE        |  | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|--|------------------|----------------------|
|                            |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG |  |                  |                      |
| @TOTAL, ALL PROVIDERS      | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   |  | \$ .00           | \$ .00               |
| @PHYSICIANS SERVICES       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   |  | \$ .00           | \$ .00               |
| OUTPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| OFFICE VISITS              | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| RADIOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| @PHARMACY                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   |  | \$ .00           | \$ .00               |
| PRESCRIPTION DRUGS         | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| SNF/ICF                    | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| OUTPATIENTS                | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| MEDICAL SUPPLIES           | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| @DENTIST                   | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   |  | \$ .00           | \$ .00               |
| VISITS - DIAGNOSTIC        | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| ORAL SURGERY               | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| DRUGS                      | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |
| ANESTHESIA                 | 0     | 0                                   | .00          | .00                          | .000                   |  | .00              | .00                  |

|                         |   |   |     |     |      |     |     |
|-------------------------|---|---|-----|-----|------|-----|-----|
| PERIODONTICS            | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS             | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS             | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES      | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

|                            |   |           |
|----------------------------|---|-----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 846  |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03  |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS   | AID CODES |

| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @COUNTY HOSPITAL TOTAL       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                            |   |   |     |     |      |     |     |
|----------------------------|---|---|-----|-----|------|-----|-----|
| ADMINISTRATIVE DAYS        | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM            | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES                | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT        | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE                   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      847  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR      60 RENAL DIALYSIS      AID CODES

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE -----<br>UNITS/DAYS      COST PER<br>PER ELIG      USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|----------------------|
| @COMMUNITY HOSPITAL TOTAL  | 0     | 0      \$                           | .00          | \$ .00                       | .000      \$ .00  | \$ .00               |
| COMM HOSP INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000      .00   | .00                  |
| HSC HOSPITALS              | 0     | 0                                   | .00          | .00                          | .000      .00   | .00                  |
| NON-HSC HOSPITALS TOTAL    | 0     | 0                                   | .00          | .00                          | .000      .00   | .00                  |
| ACCOMMODATIONS             | 0     | 0                                   | .00          | .00                          | .000      .00   | .00                  |
| ADMINISTRATIVE DAYS        | 0     | 0                                   | .00          | .00                          | .000      .00   | .00                  |
| TRANSITIONAL IP CARE       | 0     | 0                                   | .00          | .00                          | .000      .00   | .00                  |
| ALL OTHER ACCOM            | 0     | 0                                   | .00          | .00                          | .000      .00   | .00                  |
| ANCILLARIES                | 0     | 0                                   | .00          | .00                          | .000      .00   | .00                  |
| INPATIENT CROSSOVERS       | 0     | 0                                   | .00          | .00                          | .000      .00   | .00                  |
| ALL OTHER INPATIENT        | 0     | 0                                   | .00          | .00                          | .000      .00   | .00                  |
| COMM HOSP OUTPATIENT TOTAL | 0     | 0                                   | .00          | .00                          | .000      .00   | .00                  |
| MEDICAL                    | 0     | 0                                   | .00          | .00                          | .000      .00   | .00                  |



|                              |   |   |        |        |      |        |        |
|------------------------------|---|---|--------|--------|------|--------|--------|
| SURGERY                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @STATE HOSPITAL              | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| MENTALLY ILL                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DEVELOP. DISABLED            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @NURSING FACILITY            | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| LEV A-INTERMEDIATE           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-REHAB MD               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-SUBACUTE FREESTANDING  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-SUBACUTE HSPTL BASED   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-TRANSITIONAL IP CARE   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-REGULAR                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| ICF DDH                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ICF DD                       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ICF DDN/DDCN                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @HEMODIALYSIS TOTAL          | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HEMODIALYSIS CENTER          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @REHABILITATION FACILITY     | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INDEPENDENT FACILITY         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @LABORATORY FACILITY         | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| PATHOLOGY                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| XO AND OTHERS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| CLINIC                       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGICENTER                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HEROIN DETOX CLINIC          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RURAL HEALTH CLINIC          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV  
MOP024  
AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

PAGE 848  
01/17/03

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AID CODES                    |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| AMBULANCES/AIR TRANS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                               |   |   |        |        |      |        |        |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| PROSTHETICS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORTHOTICS                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PSYCHOLOGIST                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SPEECH AND AUDIOLOGY          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HOSPICE SERVICES              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| NONINST BIRTHING CENTERS      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LOCAL EDUCATION AGENCIES      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| EPSDT SUPPLEMENTAL SERVICE    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESPIRATORY CARE PRACT.       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PED SUBACUTE REHAB/WEANING    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER PROVIDERS           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @CALIF. CHILDREN SERVICES*    | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024      FEE-FOR-SERVICE/DENTAL  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

PAGE 849  
01/17/03

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |    | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|----|------------------|----------------------|
|                            |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      |    |                  |                      |
| @TOTAL, ALL PROVIDERS      | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ | .00              | \$ .00               |
| @PHYSICIANS SERVICES       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ | .00              | \$ .00               |
| OUTPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| OFFICE VISITS              | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| RADIOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| @PHARMACY                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ | .00              | \$ .00               |
| PRESCRIPTION DRUGS         | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| SNF/ICF                    | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |
| OUTPATIENTS                | 0     | 0                                   | .00          | .00                          | .000                        |    | .00              | .00                  |

|                         |   |   |        |        |      |        |        |
|-------------------------|---|---|--------|--------|------|--------|--------|
| MEDICAL SUPPLIES        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @DENTIST                | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| VISITS - DIAGNOSTIC     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORAL SURGERY            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DRUGS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIA              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PERIODONTICS            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ENDODONTICS             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESTORATIVE DENTISTRY   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETICS             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DENTURES, STAYPLATES    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SPACE MAINTAINERS       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORTHODONTIC SERVICES    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER SERVICES      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 850  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION      AID CODES

| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                             |   |   |        |        |      |        |        |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @COUNTY HOSPITAL TOTAL      | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HSC HOSPITALS               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| NON-HSC HOSPITALS TOTAL     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ACCOMMODATIONS              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ADMINISTRATIVE DAYS         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| TRANSITIONAL IP CARE        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER ACCOM             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANCILLARIES                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INPATIENT CROSSEOVERS       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER INPATIENT         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CO HOSP OUTPATIENT TOTAL    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGERY                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 851  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

AMADOR COUNTY

SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| COMM HOSP INPATIENT TOTAL    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSEOVERS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSEOVERS/ALL OTH OUTPTNT  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| ICF DDH                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DD                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |   |   |    |     |     |      |     |     |
|------------------------------|---|---|----|-----|-----|------|-----|-----|
| ICF DDN/DDCN                 | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL          | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| HOSPITAL BASED               | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY     | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| HOSPITAL BASED               | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY         | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY         | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| PATHOLOGY                    | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS                | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| CLINIC                       | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER                  | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 852  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION      AID CODES

| 00 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS      | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| AMBULANCES/AIR TRANS      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER TRANS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACUPUNCTURE               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                                |   |   |    |     |     |      |      |        |
|--------------------------------|---|---|----|-----|-----|------|------|--------|
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| OCCUPATIONAL THERAPIST         | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| OPTICIAN                       | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| PHYSICAL THERAPIST             | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| PORTABLE X-RAY                 | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| PROSTHETIST/ORTHOTISTS         | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| PROSTHETICS                    | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| ORTHOTICS                      | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| PSYCHOLOGIST                   | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| SPEECH AND AUDIOLOGY           | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| HOSPICE SERVICES               | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| NONINST BIRTHING CENTERS       | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| LOCAL EDUCATION AGENCIES       | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| EPSDT SUPPLEMENTAL SERVICE     | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| RESPIRATORY CARE PRACT.        | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| PED SUBACUTE REHAB/WEANING     | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| ALL OTHER PROVIDERS            | 0 | 0 |    | .00 | .00 | .000 | .00  | .00    |
| @CALIF. CHILDREN SERVICES*     | 0 | 0 | \$ | .00 | \$  | .00  | .000 | \$ .00 |
| @XOVER EXCLUDING STATE HOSP**  | 0 | 0 | \$ | .00 | \$  | .00  | .000 | \$ .00 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |  |  |          |
|----------------------------|--|--|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES     | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 853 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL                 |  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 62 IRCA ALIENS | AID CODES 51 52 56                                 |          |

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER |
| @TOTAL, ALL PROVIDERS      | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           |
| @PHYSICIANS SERVICES       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           |
| OUTPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OFFICE VISITS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| RADIOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              |

|                            |   |   |    |     |     |      |     |          |
|----------------------------|---|---|----|-----|-----|------|-----|----------|
| IMMUNIZATION AND INJECTION | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| OTHER SERVICES/ALL X-OVERS | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| @PHARMACY                  | 0   | 0 | \$ | .00 | \$  | .000 | \$  | .00      |
| PRESCRIPTION DRUGS         | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| SNF/ICF                    | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| OUTPATIENTS                | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| MEDICAL SUPPLIES           | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| @DENTIST                   | 0   | 0 | \$ | .00 | \$  | .000 | \$  | .00      |
| VISITS - DIAGNOSTIC        | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| ORAL SURGERY               | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| DRUGS                      | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| ANESTHESIA                 | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| PERIODONTICS               | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| ENDODONTICS                | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| RESTORATIVE DENTISTRY      | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| PROSTHETICS                | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| DENTURES, STAYPLATES       | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| SPACE MAINTAINERS          | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| MAXILLOFACIAL SERVICES     | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| FRACTURES, DISLOCATIONS    | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| ORTHODONTIC SERVICES       | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| ALL OTHER SERVICES         | 0   | 0 |    | .00 | .00 | .000 | .00 | .00      |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |   |    |     |     |      |     |          |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |   |    |     |     |      |     |          |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 62 IRCA ALIENS  |   |    |     |     |      |     |          |
| AID CODES 51 52 56         |   |   |    |     |     |      |     | PAGE 854 |
|                            |   |   |    |     |     |      |     | 01/17/03 |

| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | .00                          | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | .00                          | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | .00                          | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | .00                          | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NURSE MIDWIFE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @TOTAL HOSPITAL              | 0     | 0                                   | \$ .00       | .00                          | .000                   | \$ .00           | \$ .00               |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                             |   |   |        |        |      |        |        |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| HOSP OUTPATIENT TOTAL       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGERY                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @COUNTY HOSPITAL TOTAL      | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HSC HOSPITALS               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| NON-HSC HOSPITALS TOTAL     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ACCOMMODATIONS              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ADMINISTRATIVE DAYS         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| TRANSITIONAL IP CARE        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER ACCOM             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANCILLARIES                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INPATIENT CROSSOVERS        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER INPATIENT         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CO HOSP OUTPATIENT TOTAL    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGERY                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 855  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 62 IRCA ALIENS      AID CODES 51 52 56

| 00 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL   | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| COMM HOSP INPATIENT TOTAL   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @STATE HOSPITAL             | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY           | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |



|                              |   |   |    |     |     |      |                    |     |
|------------------------------|---|---|----|-----|-----|------|--------------------|-----|
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| LEV B-REGULAR                | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0 | \$ | .00 | \$  | .000 | \$                 | .00 |
| ICF DDH                      | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| ICF DD                       | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| ICF DDN/DDCN                 | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| @HEMODIALYSIS TOTAL          | 0   | 0 | \$ | .00 | \$  | .000 | \$                 | .00 |
| HOSPITAL BASED               | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| HEMODIALYSIS CENTER          | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| @REHABILITATION FACILITY     | 0   | 0 | \$ | .00 | \$  | .000 | \$                 | .00 |
| HOSPITAL BASED               | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| INDEPENDENT FACILITY         | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| @LABORATORY FACILITY         | 0   | 0 | \$ | .00 | \$  | .000 | \$                 | .00 |
| PATHOLOGY                    | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| XO AND OTHERS                | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0   | 0 | \$ | .00 | \$  | .000 | \$                 | .00 |
| CLINIC                       | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| SURGICENTER                  | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| HEROIN DETOX CLINIC          | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| RURAL HEALTH CLINIC          | 0   | 0 |    | .00 | .00 | .000 | .00                | .00 |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |   |    |     |     |      | PAGE               | 856 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |   |    |     |     |      | 01/17/03           |     |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 62 IRCA ALIENS  |   |    |     |     |      | AID CODES 51 52 56 |     |

| 00 ELIGIBLES                   | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|--------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                                |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS           | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| AMBULANCES/AIR TRANS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER TRANS                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACUPUNCTURE                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PHYSICAL THERAPIST             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETICS                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ORTHOTICS                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHOLOGIST                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPICE SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NONINST BIRTHING CENTERS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LOCAL EDUCATION AGENCIES       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RESPIRATORY CARE PRACT.        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER PROVIDERS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CALIF. CHILDREN SERVICES*     | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 857  
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
AMADOR COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

| 105 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 35    | 204                                 | \$ 30,557.08 | \$ 149.79                    | 1.943                  | \$ 873.06        | \$ 291.02            |
| @PHYSICIANS SERVICES       | 15    | 35                                  | \$ 4,014.19  | \$ 114.69                    | .333                   | \$ 267.61        | \$ 38.23             |
| OUTPATIENT VISITS          | 8     | 8                                   | 599.73       | 74.97                        | .076                   | 74.97            | 5.71                 |
| OFFICE VISITS              | 5     | 5                                   | 220.80       | 44.16                        | .048                   | 44.16            | 2.10                 |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 3     | 3                                   | 378.93       | 126.31                       | .029                   | 126.31           | 3.61                 |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS           | 3     | 11                                  | 436.89       | 39.72                        | .105                   | 145.63           | 4.16                 |
| HOSPITAL VISITS            | 3     | 11                                  | 436.89       | 39.72                        | .105                   | 145.63           | 4.16                 |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 3     | 6                                   | 2,384.76     | 397.46                       | .057                   | 794.92           | 22.71                |
| PRINCIPAL SURGEON          | 3     | 6                                   | 2,384.76     | 397.46                       | .057                   | 794.92           | 22.71                |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                            |    |    |    |        |          |      |          |         |
|----------------------------|----|----|----|--------|----------|------|----------|---------|
| ASSISTANT SURGEON          | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| ANESTHESIOLOGIST           | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| DIALYSIS                   | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| PATHOLOGY                  | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| RADIOLOGY                  | 5  | 5  |    | 156.67 | 31.33    | .048 | 31.33    | 1.49    |
| PSYCHIATRY                 | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| IMMUNIZATION AND INJECTION | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| OTHER SERVICES/ALL X-OVERS | 3  | 5  |    | 436.14 | 87.23    | .048 | 145.38   | 4.15    |
| @PHARMACY                  | 17 | 28 | \$ | 593.32 | \$ 21.19 | .267 | \$ 34.90 | \$ 5.65 |
| PRESCRIPTION DRUGS         | 17 | 28 |    | 593.32 | 21.19    | .267 | 34.90    | 5.65    |
| SNF/ICF                    | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| OUTPATIENTS                | 17 | 28 |    | 593.32 | 21.19    | .267 | 34.90    | 5.65    |
| MEDICAL SUPPLIES           | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| @DENTIST                   | 0  | 0  | \$ | .00    | \$ .00   | .000 | \$ .00   | \$ .00  |
| VISITS - DIAGNOSTIC        | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| ORAL SURGERY               | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| DRUGS                      | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| ANESTHESIA                 | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| PERIODONTICS               | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| ENDODONTICS                | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| RESTORATIVE DENTISTRY      | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| PROSTHETICS                | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| DENTURES, STAYPLATES       | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| SPACE MAINTAINERS          | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| MAXILLOFACIAL SERVICES     | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| FRACTURES, DISLOCATIONS    | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| ORTHODONTIC SERVICES       | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |
| ALL OTHER SERVICES         | 0  | 0  |    | .00    | .00      | .000 | .00      | .00     |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      858  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR    63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

| 105 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NURSE MIDWIFE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @TOTAL HOSPITAL              | 9     | 48                                  | \$ 25,176.74 | \$ 524.52                    | .457                   | \$ 2797.42       | \$ 239.78            |
| HOSP INPATIENT TOTAL         | 4     | 26                                  | 24,797.12    | 953.74                       | .248                   | 6199.28          | 236.16               |
| HSC HOSPITALS                | 3     | 16                                  | 17,098.00    | 1068.63                      | .152                   | 5699.33          | 162.84               |
| NON-HSC HOSPITAL TOTAL       | 2     | 10                                  | 7,699.12     | 769.91                       | .095                   | 3849.56          | 73.32                |
| ACCOMMODATIONS               | 2     | 10                                  | 3,960.00     | 396.00                       | .095                   | 1980.00          | 37.71                |

|                             |   |     |              |            |        |            |           |
|-----------------------------|---|-----|--------------|------------|--------|------------|-----------|
| ADMINISTRATIVE DAYS         | 0   | 0   | .00          | .00        | .000   | .00        | .00       |
| TRANSITIONAL IP CARE        | 0   | 0   | .00          | .00        | .000   | .00        | .00       |
| ALL OTHER ACCOM             | 2   | 10  | 3,960.00     | 396.00     | .095   | 1980.00    | 37.71     |
| ANCILLARIES                 | 2   | 0   | 3,739.12     | .00        | .000   | 1869.56    | 35.61     |
| INPATIENT CROSSOVERS        | 0   | 0   | .00          | .00        | .000   | .00        | .00       |
| ALL OTHER INPATIENT         | 0   | 0   | .00          | .00        | .000   | .00        | .00       |
| HOSP OUTPATIENT TOTAL       | 6   | 22  | 379.62       | 17.26      | .210   | 63.27      | 3.62      |
| MEDICAL                     | 1   | 1   | 29.76        | 29.76      | .010   | 29.76      | .28       |
| SURGERY                     | 0   | 1CR | 25.47CR      | 25.47      | .010CR | .00        | .24CR     |
| PATHOLOGY                   | 3   | 20  | 244.71       | 12.24      | .190   | 81.57      | 2.33      |
| RADIOLOGY                   | 2   | 1   | 90.52        | 90.52      | .010   | 45.26      | .86       |
| ROOM USE                    | 1   | 1   | 61.13        | 61.13      | .010   | 61.13      | .58       |
| CROSSOVERS/ALL OTH OUTPTNT  | 1   | 0   | 21.03CR      | .00        | .000   | 21.03CR    | .20CR     |
| @COUNTY HOSPITAL TOTAL      | 2   | 9   | \$ 13,494.17 | \$ 1499.35 | .086   | \$ 6747.09 | \$ 128.52 |
| CO HOSPITAL INPATIENT TOTAL | 2   | 13  | 13,624.00    | 1048.00    | .124   | 6812.00    | 129.75    |
| HSC HOSPITALS               | 2   | 13  | 13,624.00    | 1048.00    | .124   | 6812.00    | 129.75    |
| NON-HSC HOSPITALS TOTAL     | 0   | 0   | .00          | .00        | .000   | .00        | .00       |
| ACCOMMODATIONS              | 0   | 0   | .00          | .00        | .000   | .00        | .00       |
| ADMINISTRATIVE DAYS         | 0   | 0   | .00          | .00        | .000   | .00        | .00       |
| TRANSITIONAL IP CARE        | 0   | 0   | .00          | .00        | .000   | .00        | .00       |
| ALL OTHER ACCOM             | 0   | 0   | .00          | .00        | .000   | .00        | .00       |
| ANCILLARIES                 | 0   | 0   | .00          | .00        | .000   | .00        | .00       |
| INPATIENT CROSSOVERS        | 0   | 0   | .00          | .00        | .000   | .00        | .00       |
| ALL OTHER INPATIENT         | 0   | 0   | .00          | .00        | .000   | .00        | .00       |
| CO HOSP OUTPATIENT TOTAL    | 0   | 4CR | 129.83CR     | 32.46      | .038CR | .00        | 1.24CR    |
| MEDICAL                     | 0   | 0   | .00          | .00        | .000   | .00        | .00       |
| SURGERY                     | 0   | 1CR | 25.47CR      | 25.47      | .010CR | .00        | .24CR     |
| PATHOLOGY                   | 0   | 1CR | 4.05CR       | 4.05       | .010CR | .00        | .04CR     |
| RADIOLOGY                   | 0   | 1CR | 70.31CR      | 70.31      | .010CR | .00        | .67CR     |
| ROOM USE                    | 0   | 0   | .00          | .00        | .000   | .00        | .00       |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 1CR | 30.00CR      | 30.00      | .010CR | .00        | .29CR     |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |     |              |            |        |            | PAGE 859  |
| MOP024                      | FEE-FOR-SERVICE/DENTAL  |     |              |            |        |            | 01/17/03  |
| AMADOR COUNTY               | SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F                  |     |              |            |        |            |           |

|                            |       | ----- MONTHLY AVERAGE -----         |              |                              |                        |                  |                      |  |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|--|
| 105 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @COMMUNITY HOSPITAL TOTAL  | 7     | 39                                  | \$ 11,682.57 | \$ 299.55                    | .371                   | \$ 1668.94       | \$ 111.26            |  |
| COMM HOSP INPATIENT TOTAL  | 2     | 13                                  | 11,173.12    | 859.47                       | .124                   | 5586.56          | 106.41               |  |
| HSC HOSPITALS              | 1     | 3                                   | 3,474.00     | 1158.00                      | .029                   | 3474.00          | 33.09                |  |
| NON-HSC HOSPITALS TOTAL    | 2     | 10                                  | 7,699.12     | 769.91                       | .095                   | 3849.56          | 73.32                |  |
| ACCOMMODATIONS             | 2     | 10                                  | 3,960.00     | 396.00                       | .095                   | 1980.00          | 37.71                |  |
| ADMINISTRATIVE DAYS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| TRANSITIONAL IP CARE       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| ALL OTHER ACCOM            | 2     | 10                                  | 3,960.00     | 396.00                       | .095                   | 1980.00          | 37.71                |  |
| ANCILLARIES                | 2     | 0                                   | 3,739.12     | .00                          | .000                   | 1869.56          | 35.61                |  |
| INPATIENT CROSSOVERS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| ALL OTHER INPATIENT        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| COMM HOSP OUTPATIENT TOTAL | 6     | 26                                  | 509.45       | 19.59                        | .248                   | 84.91            | 4.85                 |  |
| MEDICAL                    | 1     | 1                                   | 29.76        | 29.76                        | .010                   | 29.76            | .28                  |  |
| SURGERY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| PATHOLOGY                  | 3     | 21                                  | 248.76       | 11.85                        | .200                   | 82.92            | 2.37                 |  |
| RADIOLOGY                  | 2     | 2                                   | 160.83       | 80.42                        | .019                   | 80.42            | 1.53                 |  |
| ROOM USE                   | 1     | 1                                   | 61.13        | 61.13                        | .010                   | 61.13            | .58                  |  |
| CROSSOVERS/ALL OTH OUTPTNT | 1     | 1                                   | 8.97         | 8.97                         | .010                   | 8.97             | .09                  |  |
| @STATE HOSPITAL            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |  |

|                              |   |    |    |        |    |       |    |       |         |
|------------------------------|---|----|----|--------|----|-------|----|-------|---------|
| MENTALLY ILL                 | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| DEVELOP. DISABLED            | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| @NURSING FACILITY            | 0 | 0  | \$ | .00    | \$ | .000  | \$ | .00   | \$ .00  |
| LEV A-INTERMEDIATE           | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| LEV B-REHAB MD               | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| LEV B-SUBACUTE FREESTANDING  | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| LEV B-SUBACUTE HSPTL BASED   | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| LEV B-TRANSITIONAL IP CARE   | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| LEV B-REGULAR                | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0  | \$ | .00    | \$ | .000  | \$ | .00   | \$ .00  |
| ICF DDH                      | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| ICF DD                       | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| ICF DDN/DDCN                 | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| @HEMODIALYSIS TOTAL          | 0 | 0  | \$ | .00    | \$ | .000  | \$ | .00   | \$ .00  |
| HOSPITAL BASED               | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| HEMODIALYSIS CENTER          | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| @REHABILITATION FACILITY     | 0 | 0  | \$ | .00    | \$ | .000  | \$ | .00   | \$ .00  |
| HOSPITAL BASED               | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| INDEPENDENT FACILITY         | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| @LABORATORY FACILITY         | 4 | 18 | \$ | 269.04 | \$ | 14.95 | \$ | 67.26 | \$ 2.56 |
| PATHOLOGY                    | 4 | 18 |    | 269.04 |    | 14.95 |    | 67.26 | 2.56    |
| XO AND OTHERS                | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| @ORGANIZED OUTPATIENT CLINIC | 1 | 1  | \$ | 78.78  | \$ | 78.78 | \$ | 78.78 | \$ .75  |
| CLINIC                       | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| SURGICENTER                  | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| HEROIN DETOX CLINIC          | 0 | 0  |    | .00    |    | .000  |    | .00   | .00     |
| RURAL HEALTH CLINIC          | 1 | 1  |    | 78.78  |    | 78.78 |    | 78.78 | .75     |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 860  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

| 105 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS       | 1     | 74                                  | \$ 425.01    | \$ 5.74                      | .705                   | \$ 425.01        | \$ 4.05              |
| DURABLE MED. EQUIP.        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 1     | 74                                  | 425.01       | 5.74                         | .705                   | 425.01           | 4.05                 |
| AMBULANCES/AIR TRANS       | 1     | 74                                  | 425.01       | 5.74                         | .705                   | 425.01           | 4.05                 |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETICS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ORTHOTICS                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHOLOGIST               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SPEECH AND AUDIOLOGY       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPICE SERVICES           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NONINST BIRTHING CENTERS   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                               |   |    |    |          |     |        |      |                    |
|-------------------------------|---|----|----|----------|-----|--------|------|--------------------|
| LOCAL EDUCATION AGENCIES      | 0 | 0  |    | .00      | .00 | .000   | .00  | .00                |
| EPSDT SUPPLEMENTAL SERVICE    | 0 | 0  |    | .00      | .00 | .000   | .00  | .00                |
| RESPIRATORY CARE PRACT.       | 0 | 0  |    | .00      | .00 | .000   | .00  | .00                |
| PED SUBACUTE REHAB/WEANING    | 0 | 0  |    | .00      | .00 | .000   | .00  | .00                |
| ALL OTHER PROVIDERS           | 0 | 0  |    | .00      | .00 | .000   | .00  | .00                |
| @CALIF. CHILDREN SERVICES*    | 1 | 10 | \$ | 1,048.00 | \$  | 104.80 | .095 | \$ 1048.00 \$ 9.98 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0  | \$ | .00      | \$  | .00    | .000 | \$ .00 \$ .00      |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |                    |
|----------------------------|---|--------------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 861           |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03           |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 64 REFUGEES   | AID CODES 01 02 08 |

| 12 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | MONTHLY AVERAGE              |                        |                  |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER |
| @TOTAL, ALL PROVIDERS      | 0     | 0                                   | \$ .00       | .000                         | \$ .00                 | \$ .00           |
| @PHYSICIANS SERVICES       | 0     | 0                                   | \$ .00       | .000                         | \$ .00                 | \$ .00           |
| OUTPATIENT VISITS          | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| OFFICE VISITS              | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| HOME VISITS                | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| CRITICAL CARE              | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| EXAMINATIONS               | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| DIALYSIS                   | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| PATHOLOGY                  | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| RADIOLOGY                  | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| OTHER SERVICES/ALL X-OVERS | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| @PHARMACY                  | 0     | 0                                   | \$ .00       | .000                         | \$ .00                 | \$ .00           |
| PRESCRIPTION DRUGS         | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| SNF/ICF                    | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| OUTPATIENTS                | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| MEDICAL SUPPLIES           | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| @DENTIST                   | 0     | 0                                   | \$ .00       | .000                         | \$ .00                 | \$ .00           |
| VISITS - DIAGNOSTIC        | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| ORAL SURGERY               | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| DRUGS                      | 0     | 0                                   | .00          | .000                         | .00                    | .00              |
| ANESTHESIA                 | 0     | 0                                   | .00          | .000                         | .00                    | .00              |

|                         |   |   |     |     |      |     |     |
|-------------------------|---|---|-----|-----|------|-----|-----|
| PERIODONTICS            | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS             | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS             | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES      | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 862  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 64 REFUGEES      AID CODES 01 02 08

| 12 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST                 | 0     | 0 \$                                | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0 \$                                | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @PODIATRIST                  | 0     | 0 \$                                | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0 \$                                | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0 \$                                | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0 \$                                | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0 \$                                | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |

|                             |   |   |    |     |    |     |      |    |     |    |                    |
|-----------------------------|---|---|----|-----|----|-----|------|----|-----|----|--------------------|
| FAMILY NURSE PRACTITIONER   | 0   | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00                |
| @TOTAL HOSPITAL             | 0   | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00                |
| HOSP INPATIENT TOTAL        | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| HSC HOSPITALS               | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| NON-HSC HOSPITAL TOTAL      | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| ACCOMMODATIONS              | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| ADMINISTRATIVE DAYS         | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| TRANSITIONAL IP CARE        | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| ALL OTHER ACCOM             | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| ANCILLARIES                 | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| INPATIENT CROSSOVERS        | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| ALL OTHER INPATIENT         | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| HOSP OUTPATIENT TOTAL       | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| MEDICAL                     | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| SURGERY                     | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| PATHOLOGY                   | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| RADIOLOGY                   | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| ROOM USE                    | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| @COUNTY HOSPITAL TOTAL      | 0   | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00                |
| CO HOSPITAL INPATIENT TOTAL | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| HSC HOSPITALS               | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| NON-HSC HOSPITALS TOTAL     | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| ACCOMMODATIONS              | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| ADMINISTRATIVE DAYS         | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| TRANSITIONAL IP CARE        | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| ALL OTHER ACCOM             | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| ANCILLARIES                 | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| INPATIENT CROSSOVERS        | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| ALL OTHER INPATIENT         | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| CO HOSP OUTPATIENT TOTAL    | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| MEDICAL                     | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| SURGERY                     | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| PATHOLOGY                   | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| RADIOLOGY                   | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| ROOM USE                    | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00                |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |   |    |     |    |     |      |    |     |    | PAGE 863           |
| MOP024                      | FEE-FOR-SERVICE/DENTAL  |   |    |     |    |     |      |    |     |    | 01/17/03           |
| AMADOR COUNTY               | SUMMARY OF SERVICES FOR 64 REFUGEES   |   |    |     |    |     |      |    |     |    | AID CODES 01 02 08 |

|                            | 12 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL  | 0            | 0     | \$                                  | .00          | .00                          | .000                   | \$               | .00                  |
| COMM HOSP INPATIENT TOTAL  | 0            | 0     |                                     | .00          | .00                          | .000                   |                  | .00                  |
| HSC HOSPITALS              | 0            | 0     |                                     | .00          | .00                          | .000                   |                  | .00                  |
| NON-HSC HOSPITALS TOTAL    | 0            | 0     |                                     | .00          | .00                          | .000                   |                  | .00                  |
| ACCOMMODATIONS             | 0            | 0     |                                     | .00          | .00                          | .000                   |                  | .00                  |
| ADMINISTRATIVE DAYS        | 0            | 0     |                                     | .00          | .00                          | .000                   |                  | .00                  |
| TRANSITIONAL IP CARE       | 0            | 0     |                                     | .00          | .00                          | .000                   |                  | .00                  |
| ALL OTHER ACCOM            | 0            | 0     |                                     | .00          | .00                          | .000                   |                  | .00                  |
| ANCILLARIES                | 0            | 0     |                                     | .00          | .00                          | .000                   |                  | .00                  |
| INPATIENT CROSSOVERS       | 0            | 0     |                                     | .00          | .00                          | .000                   |                  | .00                  |
| ALL OTHER INPATIENT        | 0            | 0     |                                     | .00          | .00                          | .000                   |                  | .00                  |
| COMM HOSP OUTPATIENT TOTAL | 0            | 0     |                                     | .00          | .00                          | .000                   |                  | .00                  |
| MEDICAL                    | 0            | 0     |                                     | .00          | .00                          | .000                   |                  | .00                  |



|                              |   |   |        |        |      |        |        |
|------------------------------|---|---|--------|--------|------|--------|--------|
| SURGERY                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @STATE HOSPITAL              | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| MENTALLY ILL                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DEVELOP. DISABLED            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @NURSING FACILITY            | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| LEV A-INTERMEDIATE           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-REHAB MD               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-SUBACUTE FREESTANDING  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-SUBACUTE HSPTL BASED   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-TRANSITIONAL IP CARE   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-REGULAR                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| ICF DDH                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ICF DD                       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ICF DDN/DDCN                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @HEMODIALYSIS TOTAL          | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HEMODIALYSIS CENTER          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @REHABILITATION FACILITY     | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INDEPENDENT FACILITY         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @LABORATORY FACILITY         | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| PATHOLOGY                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| XO AND OTHERS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| CLINIC                       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGICENTER                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HEROIN DETOX CLINIC          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RURAL HEALTH CLINIC          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      864  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR      64 REFUGEES      AID CODES 01 02 08

| 12 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER |
| @ALL OTHER PROVIDERS       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           |
| DURABLE MED. EQUIP.        | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| MEDICAL TRANSPORTATION     | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| AMBULANCES/AIR TRANS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| OPTICIAN                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              |
| PROSTHETIST/ORTHOTISTS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              |

|                               |   |   |        |        |      |        |        |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| PROSTHETICS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORTHOTICS                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PSYCHOLOGIST                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SPEECH AND AUDIOLOGY          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HOSPICE SERVICES              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| NONINST BIRTHING CENTERS      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LOCAL EDUCATION AGENCIES      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| EPSDT SUPPLEMENTAL SERVICE    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESPIRATORY CARE PRACT.       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PED SUBACUTE REHAB/WEANING    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER PROVIDERS           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @CALIF. CHILDREN SERVICES*    | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024      FEE-FOR-SERVICE/DENTAL  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

PAGE 865  
01/17/03

|                            |       |                                     |              | AID CODES 0M 0N              |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
| 07 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 19    | 68                                  | \$ 3,877.53  | \$ 57.02                     | 9.714                  | \$ 204.08        | \$ 553.93            |
| @PHYSICIANS SERVICES       | 7     | 10                                  | \$ 522.03    | \$ 52.20                     | 1.429                  | \$ 74.58         | \$ 74.58             |
| OUTPATIENT VISITS          | 6     | 7                                   | 281.70       | 40.24                        | 1.000                  | 46.95            | 40.24                |
| OFFICE VISITS              | 6     | 7                                   | 281.70       | 40.24                        | 1.000                  | 46.95            | 40.24                |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 1     | 1                                   | 186.72       | 186.72                       | .143                   | 186.72           | 26.67                |
| PRINCIPAL SURGEON          | 1     | 1                                   | 186.72       | 186.72                       | .143                   | 186.72           | 26.67                |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                  | 1     | 1                                   | 29.01        | 29.01                        | .143                   | 29.01            | 4.14                 |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 1     | 1                                   | 24.60        | 24.60                        | .143                   | 24.60            | 3.51                 |
| @PHARMACY                  | 2     | 2                                   | \$ 32.23     | \$ 16.12                     | .286                   | \$ 16.12         | \$ 4.60              |
| PRESCRIPTION DRUGS         | 2     | 2                                   | 32.23        | 16.12                        | .286                   | 16.12            | 4.60                 |
| SNF/ICF                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENTS                | 2     | 2                                   | 32.23        | 16.12                        | .286                   | 16.12            | 4.60                 |

|                         |   |   |        |        |      |        |        |
|-------------------------|---|---|--------|--------|------|--------|--------|
| MEDICAL SUPPLIES        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @DENTIST                | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| VISITS - DIAGNOSTIC     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORAL SURGERY            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DRUGS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIA              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PERIODONTICS            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ENDODONTICS             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESTORATIVE DENTISTRY   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETICS             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DENTURES, STAYPLATES    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SPACE MAINTAINERS       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MAXILLOFACIAL SERVICES  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORTHODONTIC SERVICES    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER SERVICES      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

AID CODES 0M 0N

PAGE 866

01/17/03

| 07 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 9     | 41                                  | \$ 1,005.13  | \$ 24.52                     | 5.857                  | \$ 111.68        | \$ 143.59            |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSP OUTPATIENT TOTAL        | 9     | 41                                  | 1,005.13     | 24.52                        | 5.857                  | 111.68           | 143.59               |
| MEDICAL                      | 1     | 1                                   | 18.63        | 18.63                        | .143                   | 18.63            | 2.66                 |
| SURGERY                      | 1     | 1                                   | 97.35        | 97.35                        | .143                   | 97.35            | 13.91                |
| PATHOLOGY                    | 8     | 25                                  | 600.96       | 24.04                        | 3.571                  | 75.12            | 85.85                |
| RADIOLOGY                    | 4     | 4                                   | 162.91       | 40.73                        | .571                   | 40.73            | 23.27                |
| ROOM USE                     | 1     | 3                                   | 33.06        | 11.02                        | .429                   | 33.06            | 4.72                 |

|                             |   |   |       |       |       |       |       |
|-----------------------------|---|---|-------|-------|-------|-------|-------|
| CROSSEOVERS/ALL OTH OUTPTNT | 1 | 7 | 92.22 | 13.17 | 1.000 | 92.22 | 13.17 |
| @COUNTY HOSPITAL TOTAL      | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| HSC HOSPITALS               | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| NON-HSC HOSPITALS TOTAL     | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| ACCOMMODATIONS              | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| ADMINISTRATIVE DAYS         | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| TRANSITIONAL IP CARE        | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| ALL OTHER ACCOM             | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| ANCILLARIES                 | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| INPATIENT CROSSEOVERS       | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| ALL OTHER INPATIENT         | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| CO HOSP OUTPATIENT TOTAL    | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| MEDICAL                     | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| SURGERY                     | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| PATHOLOGY                   | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| RADIOLOGY                   | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| ROOM USE                    | 0 | 0 | .00   | .00   | .000  | .00   | .00   |
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00   | .00   | .000  | .00   | .00   |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 867  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL      AID CODES 0M 0N

| 07 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 9     | 41                                  | \$ 1,005.13  | \$ 24.52                     | 5.857                  | \$ 111.68        | \$ 143.59            |
| COMM HOSP INPATIENT TOTAL | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |   |    |    |          |           |       |           |           |
|------------------------------|---|----|----|----------|-----------|-------|-----------|-----------|
| ALL OTHER ACCOM              | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| ANCILLARIES                  | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| INPATIENT CROSSOVERS         | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| ALL OTHER INPATIENT          | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| COMM HOSP OUTPATIENT TOTAL   | 9 | 41 |    | 1,005.13 | 24.52     | 5.857 | 111.68    | 143.59    |
| MEDICAL                      | 1 | 1  |    | 18.63    | 18.63     | .143  | 18.63     | 2.66      |
| SURGERY                      | 1 | 1  |    | 97.35    | 97.35     | .143  | 97.35     | 13.91     |
| PATHOLOGY                    | 8 | 25 |    | 600.96   | 24.04     | 3.571 | 75.12     | 85.85     |
| RADIOLOGY                    | 4 | 4  |    | 162.91   | 40.73     | .571  | 40.73     | 23.27     |
| ROOM USE                     | 1 | 3  |    | 33.06    | 11.02     | .429  | 33.06     | 4.72      |
| CROSSOVERS/ALL OTH OUTPTNT   | 1 | 7  |    | 92.22    | 13.17     | 1.000 | 92.22     | 13.17     |
| @STATE HOSPITAL              | 0 | 0  | \$ | .00      | \$ .00    | .000  | \$ .00    | \$ .00    |
| MENTALLY ILL                 | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| DEVELOP. DISABLED            | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| @NURSING FACILITY            | 0 | 0  | \$ | .00      | \$ .00    | .000  | \$ .00    | \$ .00    |
| LEV A-INTERMEDIATE           | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| LEV B-REHAB MD               | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| LEV B-SUBACUTE FREESTANDING  | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| LEV B-SUBACUTE HSPTL BASED   | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| LEV B-TRANSITIONAL IP CARE   | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| LEV B-REGULAR                | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0  | \$ | .00      | \$ .00    | .000  | \$ .00    | \$ .00    |
| ICF DDH                      | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| ICF DD                       | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| ICF DDN/DDCN                 | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| @HEMODIALYSIS TOTAL          | 0 | 0  | \$ | .00      | \$ .00    | .000  | \$ .00    | \$ .00    |
| HOSPITAL BASED               | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| HEMODIALYSIS CENTER          | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| @REHABILITATION FACILITY     | 0 | 0  | \$ | .00      | \$ .00    | .000  | \$ .00    | \$ .00    |
| HOSPITAL BASED               | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| INDEPENDENT FACILITY         | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| @LABORATORY FACILITY         | 1 | 1  | \$ | 10.94    | \$ 10.94  | .143  | \$ 10.94  | \$ 1.56   |
| PATHOLOGY                    | 1 | 1  |    | 10.94    | 10.94     | .143  | 10.94     | 1.56      |
| XO AND OTHERS                | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| @ORGANIZED OUTPATIENT CLINIC | 8 | 12 | \$ | 2,245.78 | \$ 187.15 | 1.714 | \$ 280.72 | \$ 320.83 |
| CLINIC                       | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| SURGICENTER                  | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| HEROIN DETOX CLINIC          | 0 | 0  |    | .00      | .00       | .000  | .00       | .00       |
| RURAL HEALTH CLINIC          | 8 | 12 |    | 2,245.78 | 187.15    | 1.714 | 280.72    | 320.83    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      868  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL      AID CODES 0M 0N

| 07 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS      | 1     | 2                                   | \$ 61.42     | \$ 30.71                     | .286                   | \$ 61.42         | \$ 8.77              |
| DURABLE MED. EQUIP.       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| AMBULANCES/AIR TRANS      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER TRANS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACUPUNCTURE               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                                |   |   |        |        |      |        |        |
|--------------------------------|---|---|--------|--------|------|--------|--------|
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OCCUPATIONAL THERAPIST         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OPTICIAN                       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PHYSICAL THERAPIST             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PORTABLE X-RAY                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETIST/ORTHOTISTS         | 1 | 2 | 61.42  | 30.71  | .286 | 61.42  | 8.77   |
| PROSTHETICS                    | 1 | 2 | 61.42  | 30.71  | .286 | 61.42  | 8.77   |
| ORTHOTICS                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PSYCHOLOGIST                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SPEECH AND AUDIOLOGY           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HOSPICE SERVICES               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| NONINST BIRTHING CENTERS       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LOCAL EDUCATION AGENCIES       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| EPSDT SUPPLEMENTAL SERVICE     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESPIRATORY CARE PRACT.        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PED SUBACUTE REHAB/WEANING     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER PROVIDERS            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @CALIF. CHILDREN SERVICES*     | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| @XOVER EXCLUDING STATE HOSP**  | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |  |          |
|----------------------------|---|--|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES          | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 869 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL                      |  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY | AID CODES OR 0T                                    |          |

| 04 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS      | 5     | 16                                  | \$ 1,170.47  | \$ 73.15                     | 4.000                                  | \$ 234.09        | \$ 292.62            |
| @PHYSICIANS SERVICES       | 4     | 10                                  | \$ 946.77    | \$ 94.68                     | 2.500                                  | \$ 236.69        | \$ 236.69            |
| OUTPATIENT VISITS          | 2     | 2                                   | 61.50        | 30.75                        | .500                                   | 30.75            | 15.38                |
| OFFICE VISITS              | 2     | 2                                   | 61.50        | 30.75                        | .500                                   | 30.75            | 15.38                |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 1     | 2                                   | 624.16       | 312.08                       | .500                                   | 624.16           | 156.04               |
| PRINCIPAL SURGEON          | 1     | 2                                   | 624.16       | 312.08                       | .500                                   | 624.16           | 156.04               |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |
| RADIOLOGY                  | 2     | 6                                   | 261.11       | 43.52                        | 1.500                                  | 130.56           | 65.28                |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                                   | .00              | .00                  |

|                              |   |                                     |    |              |                              |                        |                  |                      |
|------------------------------|---|-------------------------------------|----|--------------|------------------------------|------------------------|------------------|----------------------|
| IMMUNIZATION AND INJECTION   | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS   | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| @PHARMACY                    | 1   | 1                                   | \$ | 135.46       | \$ 135.46                    | .250                   | \$ 135.46        | \$ 33.87             |
| PRESCRIPTION DRUGS           | 1   | 1                                   |    | 135.46       | 135.46                       | .250                   | 135.46           | 33.87                |
| SNF/ICF                      | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENTS                  | 1   | 1                                   |    | 135.46       | 135.46                       | .250                   | 135.46           | 33.87                |
| MEDICAL SUPPLIES             | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| @DENTIST                     | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS - DIAGNOSTIC          | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| ORAL SURGERY                 | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| DRUGS                        | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIA                   | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| PERIODONTICS                 | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| ENDODONTICS                  | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| RESTORATIVE DENTISTRY        | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETICS                  | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| DENTURES, STAYPLATES         | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| SPACE MAINTAINERS            | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| MAXILLOFACIAL SERVICES       | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| FRACTURES, DISLOCATIONS      | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| ORTHODONTIC SERVICES         | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER SERVICES           | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                                     |    |              |                              |                        |                  |                      |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |                                     |    |              |                              |                        |                  |                      |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY   |                                     |    |              |                              |                        |                  |                      |
|                              |   |                                     |    |              | AID CODES OR OT              |                        |                  |                      |
|                              | ----- MONTHLY AVERAGE -----   |                                     |    |              |                              |                        |                  |                      |
| 04 ELIGIBLES                 | USERS   | UNITS OF SERVICE<br>OR DAYS OF CARE |    | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES               | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR                | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| FAMILY NURSE PRACTITIONER    | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @TOTAL HOSPITAL              | 1   | 5                                   | \$ | 88.24        | \$ 17.65                     | 1.250                  | \$ 88.24         | \$ 22.06             |
| HOSP INPATIENT TOTAL         | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |

|                             |   |   |        |        |       |        |                 |
|-----------------------------|---|---|--------|--------|-------|--------|-----------------|
| HOSP OUTPATIENT TOTAL       | 1   | 5 | 88.24  | 17.65  | 1.250 | 88.24  | 22.06           |
| MEDICAL                     | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| SURGERY                     | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| PATHOLOGY                   | 1   | 4 | 36.58  | 9.15   | 1.000 | 36.58  | 9.15            |
| RADIOLOGY                   | 1   | 1 | 51.66  | 51.66  | .250  | 51.66  | 12.92           |
| ROOM USE                    | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| @COUNTY HOSPITAL TOTAL      | 0   | 0 | \$ .00 | \$ .00 | .000  | \$ .00 | \$ .00          |
| CO HOSPITAL INPATIENT TOTAL | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| HSC HOSPITALS               | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| NON-HSC HOSPITALS TOTAL     | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| ACCOMMODATIONS              | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| ADMINISTRATIVE DAYS         | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| TRANSITIONAL IP CARE        | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| ALL OTHER ACCOM             | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| ANCILLARIES                 | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| INPATIENT CROSSOVERS        | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| ALL OTHER INPATIENT         | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| CO HOSP OUTPATIENT TOTAL    | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| MEDICAL                     | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| SURGERY                     | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| PATHOLOGY                   | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| RADIOLOGY                   | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| ROOM USE                    | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 0 | .00    | .00    | .000  | .00    | .00             |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |   |        |        |       |        | PAGE 871        |
| MOP024                      | FEE-FOR-SERVICE/DENTAL  |   |        |        |       |        | 01/17/03        |
| AMADOR COUNTY               | SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY   |   |        |        |       |        | AID CODES OR OT |

| 04 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|-----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                             |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL   | 1     | 5                                   | \$ 88.24     | \$ 17.65                     | 1.250                  | \$ 88.24         | \$ 22.06             |
| COMM HOSP INPATIENT TOTAL   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL  | 1     | 5                                   | 88.24        | 17.65                        | 1.250                  | 88.24            | 22.06                |
| MEDICAL                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                   | 1     | 4                                   | 36.58        | 9.15                         | 1.000                  | 36.58            | 9.15                 |
| RADIOLOGY                   | 1     | 1                                   | 51.66        | 51.66                        | .250                   | 51.66            | 12.92                |
| ROOM USE                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @STATE HOSPITAL             | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY           | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |



|                              |   |   |    |     |     |      |     |        |
|------------------------------|---|---|----|-----|-----|------|-----|--------|
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| LEV B-REGULAR                | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| @INTERMEDIATE CARE FACIL.-DD | 0   | 0 | \$ | .00 | \$  | .000 | \$  | .00 \$ |
| ICF DDH                      | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| ICF DD                       | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| ICF DDN/DDCN                 | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| @HEMODIALYSIS TOTAL          | 0   | 0 | \$ | .00 | \$  | .000 | \$  | .00 \$ |
| HOSPITAL BASED               | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| HEMODIALYSIS CENTER          | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| @REHABILITATION FACILITY     | 0   | 0 | \$ | .00 | \$  | .000 | \$  | .00 \$ |
| HOSPITAL BASED               | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| INDEPENDENT FACILITY         | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| @LABORATORY FACILITY         | 0   | 0 | \$ | .00 | \$  | .000 | \$  | .00 \$ |
| PATHOLOGY                    | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| XO AND OTHERS                | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| @ORGANIZED OUTPATIENT CLINIC | 0   | 0 | \$ | .00 | \$  | .000 | \$  | .00 \$ |
| CLINIC                       | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| SURGICENTER                  | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| HEROIN DETOX CLINIC          | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| RURAL HEALTH CLINIC          | 0   | 0 |    | .00 | .00 | .000 | .00 | .00    |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |   |    |     |     |      |     |        |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |   |    |     |     |      |     |        |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY   |   |    |     |     |      |     |        |

PAGE 872  
01/17/03

| 04 ELIGIBLES           | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                        |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS   | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                               |   |   |        |        |      |        |        |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| AMBULANCES/AIR TRANS          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OTHER TRANS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OTHER SERVICES                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ACUPUNCTURE                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ADULT DAY HEALTH CARE CTR     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| GENETIC DISEASE TESTING       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OCCUPATIONAL THERAPIST        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OPTICIAN                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PHYSICAL THERAPIST            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PORTABLE X-RAY                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETIST/ORTHOTISTS        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETICS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORTHOTICS                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PSYCHOLOGIST                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SPEECH AND AUDIOLOGY          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HOSPICE SERVICES              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| NONINST BIRTHING CENTERS      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LOCAL EDUCATION AGENCIES      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| EPSDT SUPPLEMENTAL SERVICE    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESPIRATORY CARE PRACT.       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PED SUBACUTE REHAB/WEANING    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER PROVIDERS           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @CALIF. CHILDREN SERVICES*    | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |  |  |          |
|----------------------------|--|--|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES     | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 873 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL                 |  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL |  |          |

| 11 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE        |    | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|----|------------------|----------------------|
|                            |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG |    |                  |                      |
| @TOTAL, ALL PROVIDERS      | 24    | 84                                  | \$ 5,048.00  | \$ 60.10                     | 7.636                  | \$ | 210.33           | \$ 458.91            |
| @PHYSICIANS SERVICES       | 11    | 20                                  | \$ 1,468.80  | \$ 73.44                     | 1.818                  | \$ | 133.53           | \$ 133.53            |
| OUTPATIENT VISITS          | 8     | 9                                   | 343.20       | 38.13                        | .818                   |    | 42.90            | 31.20                |
| OFFICE VISITS              | 8     | 9                                   | 343.20       | 38.13                        | .818                   |    | 42.90            | 31.20                |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   |    | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   |    | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   |    | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                   |    | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   |    | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                   |    | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                   |    | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   |    | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   |    | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   |    | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   |    | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   |    | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 1     | 2                                   | 624.16       | 312.08                       | .182                   |    | 624.16           | 56.74                |
| PRINCIPAL SURGEON          | 1     | 2                                   | 624.16       | 312.08                       | .182                   |    | 624.16           | 56.74                |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   |    | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   |    | .00              | .00                  |
| OUTPATIENT SURGERY         | 1     | 1                                   | 186.72       | 186.72                       | .091                   |    | 186.72           | 16.97                |
| PRINCIPAL SURGEON          | 1     | 1                                   | 186.72       | 186.72                       | .091                   |    | 186.72           | 16.97                |

|                            |   |   |    |        |          |      |          |          |
|----------------------------|---|---|----|--------|----------|------|----------|----------|
| ASSISTANT SURGEON          | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| ANESTHESIOLOGIST           | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| DIALYSIS                   | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| PATHOLOGY                  | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| RADIOLOGY                  | 3 | 7 |    | 290.12 | 41.45    | .636 | 96.71    | 26.37    |
| PSYCHIATRY                 | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| IMMUNIZATION AND INJECTION | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| OTHER SERVICES/ALL X-OVERS | 1 | 1 |    | 24.60  | 24.60    | .091 | 24.60    | 2.24     |
| @PHARMACY                  | 3 | 3 | \$ | 167.69 | \$ 55.90 | .273 | \$ 55.90 | \$ 15.24 |
| PRESCRIPTION DRUGS         | 3 | 3 |    | 167.69 | 55.90    | .273 | 55.90    | 15.24    |
| SNF/ICF                    | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| OUTPATIENTS                | 3 | 3 |    | 167.69 | 55.90    | .273 | 55.90    | 15.24    |
| MEDICAL SUPPLIES           | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| @DENTIST                   | 0 | 0 | \$ | .00    | \$ .00   | .000 | \$ .00   | \$ .00   |
| VISITS - DIAGNOSTIC        | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| ORAL SURGERY               | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| DRUGS                      | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| ANESTHESIA                 | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| PERIODONTICS               | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| ENDODONTICS                | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| RESTORATIVE DENTISTRY      | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| PROSTHETICS                | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| DENTURES, STAYPLATES       | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| SPACE MAINTAINERS          | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| MAXILLOFACIAL SERVICES     | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| FRACTURES, DISLOCATIONS    | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| ORTHODONTIC SERVICES       | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |
| ALL OTHER SERVICES         | 0 | 0 |    | .00    | .00      | .000 | .00      | .00      |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      874  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

| 11 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NURSE MIDWIFE                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| @TOTAL HOSPITAL              | 10    | 46                                  | \$ 1,093.37  | \$ 23.77                     | 4.182                                     | \$ 109.34        | \$ 99.40             |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

|                             |    |    |          |        |       |        |        |
|-----------------------------|----|----|----------|--------|-------|--------|--------|
| ADMINISTRATIVE DAYS         | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| TRANSITIONAL IP CARE        | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| ALL OTHER ACCOM             | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| ANCILLARIES                 | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| INPATIENT CROSSOVERS        | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| ALL OTHER INPATIENT         | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| HOSP OUTPATIENT TOTAL       | 10 | 46 | 1,093.37 | 23.77  | 4.182 | 109.34 | 99.40  |
| MEDICAL                     | 1  | 1  | 18.63    | 18.63  | .091  | 18.63  | 1.69   |
| SURGERY                     | 1  | 1  | 97.35    | 97.35  | .091  | 97.35  | 8.85   |
| PATHOLOGY                   | 9  | 29 | 637.54   | 21.98  | 2.636 | 70.84  | 57.96  |
| RADIOLOGY                   | 5  | 5  | 214.57   | 42.91  | .455  | 42.91  | 19.51  |
| ROOM USE                    | 1  | 3  | 33.06    | 11.02  | .273  | 33.06  | 3.01   |
| CROSSOVERS/ALL OTH OUTPTNT  | 1  | 7  | 92.22    | 13.17  | .636  | 92.22  | 8.38   |
| @COUNTY HOSPITAL TOTAL      | 0  | 0  | \$ .00   | \$ .00 | .000  | \$ .00 | \$ .00 |
| CO HOSPITAL INPATIENT TOTAL | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| HSC HOSPITALS               | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| NON-HSC HOSPITALS TOTAL     | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| ACCOMMODATIONS              | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| ADMINISTRATIVE DAYS         | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| TRANSITIONAL IP CARE        | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| ALL OTHER ACCOM             | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| ANCILLARIES                 | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| INPATIENT CROSSOVERS        | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| ALL OTHER INPATIENT         | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| CO HOSP OUTPATIENT TOTAL    | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| MEDICAL                     | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| SURGERY                     | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| PATHOLOGY                   | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| RADIOLOGY                   | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| ROOM USE                    | 0  | 0  | .00      | .00    | .000  | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0  | 0  | .00      | .00    | .000  | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 875  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

|                            | 11 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL  | 10           | 46    | \$                                  | 1,093.37     | \$ 23.77                     | 4.182                                     | \$ 109.34        | \$ 99.40             |
| COMM HOSP INPATIENT TOTAL  | 0            | 0     |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| HSC HOSPITALS              | 0            | 0     |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL    | 0            | 0     |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| ACCOMMODATIONS             | 0            | 0     |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| ADMINISTRATIVE DAYS        | 0            | 0     |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| TRANSITIONAL IP CARE       | 0            | 0     |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER ACCOM            | 0            | 0     |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| ANCILLARIES                | 0            | 0     |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| INPATIENT CROSSOVERS       | 0            | 0     |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER INPATIENT        | 0            | 0     |                                     | .00          | .00                          | .000                                      | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL | 10           | 46    |                                     | 1,093.37     | 23.77                        | 4.182                                     | 109.34           | 99.40                |
| MEDICAL                    | 1            | 1     |                                     | 18.63        | 18.63                        | .091                                      | 18.63            | 1.69                 |
| SURGERY                    | 1            | 1     |                                     | 97.35        | 97.35                        | .091                                      | 97.35            | 8.85                 |
| PATHOLOGY                  | 9            | 29    |                                     | 637.54       | 21.98                        | 2.636                                     | 70.84            | 57.96                |
| RADIOLOGY                  | 5            | 5     |                                     | 214.57       | 42.91                        | .455                                      | 42.91            | 19.51                |
| ROOM USE                   | 1            | 3     |                                     | 33.06        | 11.02                        | .273                                      | 33.06            | 3.01                 |
| CROSSOVERS/ALL OTH OUTPTNT | 1            | 7     |                                     | 92.22        | 13.17                        | .636                                      | 92.22            | 8.38                 |
| @STATE HOSPITAL            | 0            | 0     | \$                                  | .00          | \$ .00                       | .000                                      | \$ .00           | \$ .00               |

|                              |   |    |    |          |    |        |       |     |        |
|------------------------------|---|----|----|----------|----|--------|-------|-----|--------|
| MENTALLY ILL                 | 0 | 0  |    | .00      |    | .00    | .000  | .00 | .00    |
| DEVELOP. DISABLED            | 0 | 0  |    | .00      |    | .00    | .000  | .00 | .00    |
| @NURSING FACILITY            | 0 | 0  | \$ | .00      | \$ | .00    | .000  | \$  | .00    |
| LEV A-INTERMEDIATE           | 0 | 0  |    | .00      |    | .00    | .000  | .00 | .00    |
| LEV B-REHAB MD               | 0 | 0  |    | .00      |    | .00    | .000  | .00 | .00    |
| LEV B-SUBACUTE FREESTANDING  | 0 | 0  |    | .00      |    | .00    | .000  | .00 | .00    |
| LEV B-SUBACUTE HSPTL BASED   | 0 | 0  |    | .00      |    | .00    | .000  | .00 | .00    |
| LEV B-TRANSITIONAL IP CARE   | 0 | 0  |    | .00      |    | .00    | .000  | .00 | .00    |
| LEV B-REGULAR                | 0 | 0  |    | .00      |    | .00    | .000  | .00 | .00    |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0  | \$ | .00      | \$ | .00    | .000  | \$  | .00    |
| ICF DDH                      | 0 | 0  |    | .00      |    | .00    | .000  | .00 | .00    |
| ICF DD                       | 0 | 0  |    | .00      |    | .00    | .000  | .00 | .00    |
| ICF DDN/DDCN                 | 0 | 0  |    | .00      |    | .00    | .000  | .00 | .00    |
| @HEMODIALYSIS TOTAL          | 0 | 0  | \$ | .00      | \$ | .00    | .000  | \$  | .00    |
| HOSPITAL BASED               | 0 | 0  |    | .00      |    | .00    | .000  | .00 | .00    |
| HEMODIALYSIS CENTER          | 0 | 0  |    | .00      |    | .00    | .000  | .00 | .00    |
| @REHABILITATION FACILITY     | 0 | 0  | \$ | .00      | \$ | .00    | .000  | \$  | .00    |
| HOSPITAL BASED               | 0 | 0  |    | .00      |    | .00    | .000  | .00 | .00    |
| INDEPENDENT FACILITY         | 0 | 0  |    | .00      |    | .00    | .000  | .00 | .00    |
| @LABORATORY FACILITY         | 1 | 1  | \$ | 10.94    | \$ | 10.94  | .091  | \$  | 10.94  |
| PATHOLOGY                    | 1 | 1  |    | 10.94    |    | 10.94  | .091  |     | 10.94  |
| XO AND OTHERS                | 0 | 0  |    | .00      |    | .00    | .000  |     | .00    |
| @ORGANIZED OUTPATIENT CLINIC | 8 | 12 | \$ | 2,245.78 | \$ | 187.15 | 1.091 | \$  | 280.72 |
| CLINIC                       | 0 | 0  |    | .00      |    | .00    | .000  |     | .00    |
| SURGICENTER                  | 0 | 0  |    | .00      |    | .00    | .000  |     | .00    |
| HEROIN DETOX CLINIC          | 0 | 0  |    | .00      |    | .00    | .000  |     | .00    |
| RURAL HEALTH CLINIC          | 8 | 12 |    | 2,245.78 |    | 187.15 | 1.091 |     | 280.72 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      876  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
 AMADOR COUNTY      SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

| 11 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS       | 1     | 2                                   | \$ 61.42     | \$ 30.71                     | .182                                      | \$ 61.42         | \$ 5.58              |
| DURABLE MED. EQUIP.        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| AMBULANCES/AIR TRANS       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OPTICIAN                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS     | 1     | 2                                   | 61.42        | 30.71                        | .182                                      | 61.42            | 5.58                 |
| PROSTHETICS                | 1     | 2                                   | 61.42        | 30.71                        | .182                                      | 61.42            | 5.58                 |
| ORTHOTICS                  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PSYCHOLOGIST               | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| SPEECH AND AUDIOLOGY       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HOSPICE SERVICES           | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| NONINST BIRTHING CENTERS   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

|                               |   |   |        |        |      |        |        |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| LOCAL EDUCATION AGENCIES      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| EPSDT SUPPLEMENTAL SERVICE    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESPIRATORY CARE PRACT.       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PED SUBACUTE REHAB/WEANING    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER PROVIDERS           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @CALIF. CHILDREN SERVICES*    | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 877

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

AMADOR COUNTY

SUMMARY OF SERVICES FOR 68 QMB - ONLY

AID CODE

| 116 ELIGIBLES             | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                           |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS     | 9     | 15 \$                               | 151.18       | \$ 10.08                     | .129                   | \$ 16.80         | \$ 1.30              |
| @PHYSICIANS SERVICES      | 6     | 10 \$                               | 130.78       | \$ 13.08                     | .086                   | \$ 21.80         | \$ 1.13              |
| OUTPATIENT VISITS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OFFICE VISITS             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOME VISITS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPITAL VISITS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |   |                                     |    |              |                              |                        |                  |                      |          |
|------------------------------|---|-------------------------------------|----|--------------|------------------------------|------------------------|------------------|----------------------|----------|
| INPATIENT HOSPITAL SURGERY   | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| PRINCIPAL SURGEON            | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| ASSISTANT SURGEON            | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| ANESTHESIOLOGIST             | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| OUTPATIENT SURGERY           | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| PRINCIPAL SURGEON            | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| ASSISTANT SURGEON            | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| ANESTHESIOLOGIST             | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| DIALYSIS                     | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| PATHOLOGY                    | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| RADIOLOGY                    | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| PSYCHIATRY                   | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| IMMUNIZATION AND INJECTION   | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| OTHER SERVICES/ALL X-OVERS   | 6   | 10                                  |    | 130.78       | 13.08                        | .086                   | 21.80            | 1.13                 |          |
| @PHARMACY                    | 0   | 0                                   | \$ | .00          | \$                           | .00                    | \$               | .00                  |          |
| PRESCRIPTION DRUGS           | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| SNF/ICF                      | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| OUTPATIENTS                  | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| MEDICAL SUPPLIES             | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| @DENTIST                     | 0   | 0                                   | \$ | .00          | \$                           | .00                    | \$               | .00                  |          |
| VISITS - DIAGNOSTIC          | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| ORAL SURGERY                 | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| DRUGS                        | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| ANESTHESIA                   | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| PERIODONTICS                 | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| ENDODONTICS                  | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| RESTORATIVE DENTISTRY        | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| PROSTHETICS                  | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| DENTURES, STAYPLATES         | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| SPACE MAINTAINERS            | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| MAXILLOFACIAL SERVICES       | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| FRACTURES, DISLOCATIONS      | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| ORTHODONTIC SERVICES         | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| ALL OTHER SERVICES           | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                                     |    |              |                              |                        |                  |                      | PAGE 878 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |                                     |    |              |                              |                        |                  |                      | 01/17/03 |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 68 QMB - ONLY   |                                     |    |              |                              |                        |                  |                      | AID CODE |
| 116 ELIGIBLES                | USERS   | UNITS OF SERVICE<br>OR DAYS OF CARE |    | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |          |
| @OPTOMETRIST                 | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |          |
| DIAGNOSTIC AND ANC. PROCED   | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| EYE APPLIANCES               | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| OTHER OPTOMETRIC SERVICES    | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| @CHIROPRACTOR                | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |          |
| VISITS                       | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| OTHER SERVICES               | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| @PODIATRIST                  | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |          |
| MEDICINE/INJECTIONS          | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| SURGERY/ANES.                | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| RADIO./PATHOLOGY             | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| OTHER                        | 0   | 0                                   |    | .00          | .00                          | .000                   | .00              | .00                  |          |
| @HOME HEALTH AGENCY          | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |          |
| NURSE ANESTHESIST            | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |          |
| NURSE MIDWIFE                | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |          |
| PEDIATRIC NURSE PRACTITIONER | 0   | 0                                   | \$ | .00          | \$ .00                       | .000                   | \$ .00           | \$ .00               |          |

|                             |   |   |    |       |    |      |      |    |      |    |          |
|-----------------------------|---|---|----|-------|----|------|------|----|------|----|----------|
| FAMILY NURSE PRACTITIONER   | 0   | 0 | \$ | .00   | \$ | .00  | .000 | \$ | .00  | \$ | .00      |
| @TOTAL HOSPITAL             | 2   | 4 | \$ | 12.56 | \$ | 3.14 | .034 | \$ | 6.28 | \$ | .11      |
| HOSP INPATIENT TOTAL        | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| HSC HOSPITALS               | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| NON-HSC HOSPITAL TOTAL      | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| ACCOMMODATIONS              | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| ADMINISTRATIVE DAYS         | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| TRANSITIONAL IP CARE        | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| ALL OTHER ACCOM             | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| ANCILLARIES                 | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| INPATIENT CROSSOVERS        | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| ALL OTHER INPATIENT         | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| HOSP OUTPATIENT TOTAL       | 2   | 4 |    | 12.56 |    | 3.14 | .034 |    | 6.28 |    | .11      |
| MEDICAL                     | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| SURGERY                     | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| PATHOLOGY                   | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| RADIOLOGY                   | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| ROOM USE                    | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| CROSSOVERS/ALL OTH OUTPTNT  | 2   | 4 |    | 12.56 |    | 3.14 | .034 |    | 6.28 |    | .11      |
| @COUNTY HOSPITAL TOTAL      | 2   | 4 | \$ | 12.56 | \$ | 3.14 | .034 | \$ | 6.28 | \$ | .11      |
| CO HOSPITAL INPATIENT TOTAL | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| HSC HOSPITALS               | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| NON-HSC HOSPITALS TOTAL     | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| ACCOMMODATIONS              | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| ADMINISTRATIVE DAYS         | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| TRANSITIONAL IP CARE        | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| ALL OTHER ACCOM             | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| ANCILLARIES                 | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| INPATIENT CROSSOVERS        | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| ALL OTHER INPATIENT         | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| CO HOSP OUTPATIENT TOTAL    | 2   | 4 |    | 12.56 |    | 3.14 | .034 |    | 6.28 |    | .11      |
| MEDICAL                     | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| SURGERY                     | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| PATHOLOGY                   | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| RADIOLOGY                   | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| ROOM USE                    | 0   | 0 |    | .00   |    | .00  | .000 |    | .00  |    | .00      |
| CROSSOVERS/ALL OTH OUTPTNT  | 2   | 4 |    | 12.56 |    | 3.14 | .034 |    | 6.28 |    | .11      |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |   |    |       |    |      |      |    |      |    | PAGE 879 |
| MOP024                      | FEE-FOR-SERVICE/DENTAL  |   |    |       |    |      |      |    |      |    | 01/17/03 |
| AMADOR COUNTY               | SUMMARY OF SERVICES FOR 68 QMB - ONLY   |   |    |       |    |      |      |    |      |    |          |

| 116 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AID CODE                     |                        |                                     |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-------------------------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | MONTHLY AVERAGE<br>COST PER<br>USER | COST PER<br>ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00                              | \$ .00               |
| COMM HOSP INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00                                 | .00                  |
| HSC HOSPITALS              | 0     | 0                                   | .00          | .00                          | .000                   | .00                                 | .00                  |
| NON-HSC HOSPITALS TOTAL    | 0     | 0                                   | .00          | .00                          | .000                   | .00                                 | .00                  |
| ACCOMMODATIONS             | 0     | 0                                   | .00          | .00                          | .000                   | .00                                 | .00                  |
| ADMINISTRATIVE DAYS        | 0     | 0                                   | .00          | .00                          | .000                   | .00                                 | .00                  |
| TRANSITIONAL IP CARE       | 0     | 0                                   | .00          | .00                          | .000                   | .00                                 | .00                  |
| ALL OTHER ACCOM            | 0     | 0                                   | .00          | .00                          | .000                   | .00                                 | .00                  |
| ANCILLARIES                | 0     | 0                                   | .00          | .00                          | .000                   | .00                                 | .00                  |
| INPATIENT CROSSOVERS       | 0     | 0                                   | .00          | .00                          | .000                   | .00                                 | .00                  |
| ALL OTHER INPATIENT        | 0     | 0                                   | .00          | .00                          | .000                   | .00                                 | .00                  |
| COMM HOSP OUTPATIENT TOTAL | 0     | 0                                   | .00          | .00                          | .000                   | .00                                 | .00                  |
| MEDICAL                    | 0     | 0                                   | .00          | .00                          | .000                   | .00                                 | .00                  |



|                              |   |   |         |         |      |         |        |
|------------------------------|---|---|---------|---------|------|---------|--------|
| SURGERY                      | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| PATHOLOGY                    | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| RADIOLOGY                    | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| ROOM USE                     | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| CROSSOVERS/ALL OTH OUTPTNT   | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| @STATE HOSPITAL              | 0 | 0 | \$ .00  | \$ .00  | .000 | \$ .00  | \$ .00 |
| MENTALLY ILL                 | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| DEVELOP. DISABLED            | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| @NURSING FACILITY            | 0 | 0 | \$ .00  | \$ .00  | .000 | \$ .00  | \$ .00 |
| LEV A-INTERMEDIATE           | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| LEV B-REHAB MD               | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| LEV B-SUBACUTE FREESTANDING  | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| LEV B-SUBACUTE HSPTL BASED   | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| LEV B-TRANSITIONAL IP CARE   | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| LEV B-REGULAR                | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ .00  | \$ .00  | .000 | \$ .00  | \$ .00 |
| ICF DDH                      | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| ICF DD                       | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| ICF DDN/DDCN                 | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| @HEMODIALYSIS TOTAL          | 0 | 0 | \$ .00  | \$ .00  | .000 | \$ .00  | \$ .00 |
| HOSPITAL BASED               | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| HEMODIALYSIS CENTER          | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| @REHABILITATION FACILITY     | 0 | 0 | \$ .00  | \$ .00  | .000 | \$ .00  | \$ .00 |
| HOSPITAL BASED               | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| INDEPENDENT FACILITY         | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| @LABORATORY FACILITY         | 0 | 0 | \$ .00  | \$ .00  | .000 | \$ .00  | \$ .00 |
| PATHOLOGY                    | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| XO AND OTHERS                | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| @ORGANIZED OUTPATIENT CLINIC | 1 | 1 | \$ 7.84 | \$ 7.84 | .009 | \$ 7.84 | \$ .07 |
| CLINIC                       | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| SURGICENTER                  | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| HEROIN DETOX CLINIC          | 0 | 0 | .00     | .00     | .000 | .00     | .00    |
| RURAL HEALTH CLINIC          | 1 | 1 | 7.84    | 7.84    | .009 | 7.84    | .07    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      880  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 68 QMB - ONLY      AID CODE

| 116 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.        | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| AMBULANCES/AIR TRANS       | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| OPTICIAN                   | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS     | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

|                               |   |    |     |        |      |       |                       |
|-------------------------------|---|----|-----|--------|------|-------|-----------------------|
| PROSTHETICS                   | 0 | 0  | .00 | .00    | .000 | .00   | .00                   |
| ORTHOTICS                     | 0 | 0  | .00 | .00    | .000 | .00   | .00                   |
| PSYCHOLOGIST                  | 0 | 0  | .00 | .00    | .000 | .00   | .00                   |
| SPEECH AND AUDIOLOGY          | 0 | 0  | .00 | .00    | .000 | .00   | .00                   |
| HOSPICE SERVICES              | 0 | 0  | .00 | .00    | .000 | .00   | .00                   |
| NONINST BIRTHING CENTERS      | 0 | 0  | .00 | .00    | .000 | .00   | .00                   |
| LOCAL EDUCATION AGENCIES      | 0 | 0  | .00 | .00    | .000 | .00   | .00                   |
| EPSDT SUPPLEMENTAL SERVICE    | 0 | 0  | .00 | .00    | .000 | .00   | .00                   |
| RESPIRATORY CARE PRACT.       | 0 | 0  | .00 | .00    | .000 | .00   | .00                   |
| PED SUBACUTE REHAB/WEANING    | 0 | 0  | .00 | .00    | .000 | .00   | .00                   |
| ALL OTHER PROVIDERS           | 0 | 0  | .00 | .00    | .000 | .00   | .00                   |
| @CALIF. CHILDREN SERVICES*    | 0 | 0  | .00 | .00    | .000 | .00   | .00                   |
| @XOVER EXCLUDING STATE HOSP** | 8 | 14 | \$  | 143.34 | \$   | 10.24 | .121 \$ 17.92 \$ 1.24 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |                    |
|----------------------------|---|--------------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 881           |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03           |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 69 133% PROGRAM   | AID CODES 72 74 8N |

| 397 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
|                            |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 171   | 560                                 | \$ 24,694.83 | \$ 44.10                     | 1.411                       | \$ 144.41        | \$ 62.20             |
| @PHYSICIANS SERVICES       | 37    | 96                                  | \$ 3,718.33  | \$ 38.73                     | .242                        | \$ 100.50        | \$ 9.37              |
| OUTPATIENT VISITS          | 19    | 22                                  | 815.15       | 37.05                        | .055                        | 42.90            | 2.05                 |
| OFFICE VISITS              | 18    | 21                                  | 778.94       | 37.09                        | .053                        | 43.27            | 1.96                 |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | 6.96         | .00                          | .000                        | .00              | .02                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER OUTPATIENT           | 1     | 1                                   | 29.25        | 29.25                        | .003                        | 29.25            | .07                  |
| INPATIENT VISITS           | 1     | 2                                   | 137.36       | 68.68                        | .005                        | 137.36           | .35                  |
| HOSPITAL VISITS            | 1     | 2                                   | 137.36       | 68.68                        | .005                        | 137.36           | .35                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 1     | 4                                   | 94.01        | 23.50                        | .010                        | 94.01            | .24                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANESTHESIOLOGIST           | 1     | 4                                   | 94.01        | 23.50                        | .010                        | 94.01            | .24                  |
| OUTPATIENT SURGERY         | 12    | 49                                  | 2,401.66     | 49.01                        | .123                        | 200.14           | 6.05                 |
| PRINCIPAL SURGEON          | 8     | 9                                   | 1,580.79     | 175.64                       | .023                        | 197.60           | 3.98                 |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANESTHESIOLOGIST           | 6     | 40                                  | 820.87       | 20.52                        | .101                        | 136.81           | 2.07                 |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                  | 3     | 3                                   | 45.76        | 15.25                        | .008                        | 15.25            | .12                  |
| RADIOLOGY                  | 7     | 12                                  | 149.33       | 12.44                        | .030                        | 21.33            | .38                  |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER SERVICES/ALL X-OVERS | 1     | 4                                   | 75.06        | 18.77                        | .010                        | 75.06            | .19                  |
| @PHARMACY                  | 78    | 143                                 | \$ 2,440.33  | \$ 17.07                     | .360                        | \$ 31.29         | \$ 6.15              |
| PRESCRIPTION DRUGS         | 78    | 141                                 | 2,408.45     | 17.08                        | .355                        | 30.88            | 6.07                 |
| SNF/ICF                    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OUTPATIENTS                | 78    | 141                                 | 2,408.45     | 17.08                        | .355                        | 30.88            | 6.07                 |

|                            |   |    |    |          |                    |       |      |           |         |
|----------------------------|---|----|----|----------|--------------------|-------|------|-----------|---------|
| MEDICAL SUPPLIES           | 1   | 2  |    | 31.88    |                    | 15.94 | .005 | 31.88     | .08     |
| @DENTIST                   | 11  | 56 | \$ | 1,455.00 | \$                 | 25.98 | .141 | \$ 132.27 | \$ 3.66 |
| VISITS - DIAGNOSTIC        | 8   | 33 |    | 391.00   |                    | 11.85 | .083 | 48.88     | .98     |
| ORAL SURGERY               | 1   | 4  |    | 159.00   |                    | 39.75 | .010 | 159.00    | .40     |
| DRUGS                      | 0   | 0  |    | .00      |                    | .00   | .000 | .00       | .00     |
| ANESTHESIA                 | 0   | 0  |    | .00      |                    | .00   | .000 | .00       | .00     |
| PERIODONTICS               | 0   | 0  |    | .00      |                    | .00   | .000 | .00       | .00     |
| ENDODONTICS                | 1   | 3  |    | 213.00   |                    | 71.00 | .008 | 213.00    | .54     |
| RESTORATIVE DENTISTRY      | 5   | 16 |    | 692.00   |                    | 43.25 | .040 | 138.40    | 1.74    |
| PROSTHETICS                | 0   | 0  |    | .00      |                    | .00   | .000 | .00       | .00     |
| DENTURES, STAYPLATES       | 0   | 0  |    | .00      |                    | .00   | .000 | .00       | .00     |
| SPACE MAINTAINERS          | 0   | 0  |    | .00      |                    | .00   | .000 | .00       | .00     |
| MAXILLOFACIAL SERVICES     | 0   | 0  |    | .00      |                    | .00   | .000 | .00       | .00     |
| FRACTURES, DISLOCATIONS    | 0   | 0  |    | .00      |                    | .00   | .000 | .00       | .00     |
| ORTHODONTIC SERVICES       | 0   | 0  |    | .00      |                    | .00   | .000 | .00       | .00     |
| ALL OTHER SERVICES         | 0   | 0  |    | .00      |                    | .00   | .000 | .00       | .00     |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |    |    |          |                    |       |      | PAGE      | 882     |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |    |    |          |                    |       |      | 01/17/03  |         |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 69 133% PROGRAM   |    |    |          | AID CODES 72 74 8N |       |      |           |         |

| 397 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |  |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
|                            |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @OPTOMETRIST               | 1     | 1                                   | \$ 47.45     | \$ 47.45                     | .003                        | \$ 47.45         | \$ .12               |  |
| DIAGNOSTIC AND ANC. PROCED | 1     | 1                                   | 47.45        | 47.45                        | .003                        | 47.45            | .12                  |  |
| EYE APPLIANCES             | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| OTHER OPTOMETRIC SERVICES  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| @CHIROPRACTOR              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| VISITS                     | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| @PODIATRIST                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| MEDICINE/INJECTIONS        | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| SURGERY/ANES.              | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |

|                              |    |     |    |          |          |      |           |          |
|------------------------------|----|-----|----|----------|----------|------|-----------|----------|
| RADIO./PATHOLOGY             | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| OTHER                        | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| @HOME HEALTH AGENCY          | 0  | 0   | \$ | .00      | \$ .00   | .000 | \$ .00    | \$ .00   |
| NURSE ANESTHESIST            | 0  | 0   | \$ | .00      | \$ .00   | .000 | \$ .00    | \$ .00   |
| NURSE MIDWIFE                | 0  | 0   | \$ | .00      | \$ .00   | .000 | \$ .00    | \$ .00   |
| PEDIATRIC NURSE PRACTITIONER | 0  | 0   | \$ | .00      | \$ .00   | .000 | \$ .00    | \$ .00   |
| FAMILY NURSE PRACTITIONER    | 0  | 0   | \$ | .00      | \$ .00   | .000 | \$ .00    | \$ .00   |
| @TOTAL HOSPITAL              | 62 | 167 | \$ | 7,970.60 | \$ 47.73 | .421 | \$ 128.56 | \$ 20.08 |
| HOSP INPATIENT TOTAL         | 1  | 1   |    | 2,600.48 | 2600.48  | .003 | 2600.48   | 6.55     |
| HSC HOSPITALS                | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| NON-HSC HOSPITAL TOTAL       | 1  | 1   |    | 2,600.48 | 2600.48  | .003 | 2600.48   | 6.55     |
| ACCOMMODATIONS               | 1  | 1   |    | 468.00   | 468.00   | .003 | 468.00    | 1.18     |
| ADMINISTRATIVE DAYS          | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| TRANSITIONAL IP CARE         | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| ALL OTHER ACCOM              | 1  | 1   |    | 468.00   | 468.00   | .003 | 468.00    | 1.18     |
| ANCILLARIES                  | 1  | 0   |    | 2,132.48 | .00      | .000 | 2132.48   | 5.37     |
| INPATIENT CROSSOVERS         | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| ALL OTHER INPATIENT          | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| HOSP OUTPATIENT TOTAL        | 61 | 166 |    | 5,370.12 | 32.35    | .418 | 88.03     | 13.53    |
| MEDICAL                      | 45 | 58  |    | 2,299.44 | 39.65    | .146 | 51.10     | 5.79     |
| SURGERY                      | 5  | 5   |    | 387.26   | 77.45    | .013 | 77.45     | .98      |
| PATHOLOGY                    | 14 | 41  |    | 500.61   | 12.21    | .103 | 35.76     | 1.26     |
| RADIOLOGY                    | 7  | 7   |    | 167.59   | 23.94    | .018 | 23.94     | .42      |
| ROOM USE                     | 30 | 38  |    | 1,740.74 | 45.81    | .096 | 58.02     | 4.38     |
| CROSSOVERS/ALL OTH OUTPTNT   | 8  | 17  |    | 274.48   | 16.15    | .043 | 34.31     | .69      |
| @COUNTY HOSPITAL TOTAL       | 1  | 3   | \$ | 66.87    | \$ 22.29 | .008 | \$ 66.87  | \$ .17   |
| CO HOSPITAL INPATIENT TOTAL  | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| HSC HOSPITALS                | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| NON-HSC HOSPITALS TOTAL      | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| ACCOMMODATIONS               | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| ADMINISTRATIVE DAYS          | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| TRANSITIONAL IP CARE         | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| ALL OTHER ACCOM              | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| ANCILLARIES                  | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| INPATIENT CROSSOVERS         | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| ALL OTHER INPATIENT          | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| CO HOSP OUTPATIENT TOTAL     | 1  | 3   |    | 66.87    | 22.29    | .008 | 66.87     | .17      |
| MEDICAL                      | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| SURGERY                      | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| PATHOLOGY                    | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| RADIOLOGY                    | 0  | 0   |    | .00      | .00      | .000 | .00       | .00      |
| ROOM USE                     | 1  | 1   |    | 50.23    | 50.23    | .003 | 50.23     | .13      |
| CROSSOVERS/ALL OTH OUTPTNT   | 1  | 2   |    | 16.64    | 8.32     | .005 | 16.64     | .04      |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      883  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR      69 133% PROGRAM      AID CODES 72 74 8N

| 397 ELIGIBLES             | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |  |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|--|
|                           |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @COMMUNITY HOSPITAL TOTAL | 61    | 164                                 | \$ 7,903.73  | \$ 48.19                     | .413                   | \$ 129.57        | \$ 19.91             |  |
| COMM HOSP INPATIENT TOTAL | 1     | 1                                   | 2,600.48     | 2600.48                      | .003                   | 2600.48          | 6.55                 |  |
| HSC HOSPITALS             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| NON-HSC HOSPITALS TOTAL   | 1     | 1                                   | 2,600.48     | 2600.48                      | .003                   | 2600.48          | 6.55                 |  |
| ACCOMMODATIONS            | 1     | 1                                   | 468.00       | 468.00                       | .003                   | 468.00           | 1.18                 |  |
| ADMINISTRATIVE DAYS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |
| TRANSITIONAL IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |  |

|                              |    |     |          |        |      |         |       |
|------------------------------|----|-----|----------|--------|------|---------|-------|
| ALL OTHER ACCOM              | 1  | 1   | 468.00   | 468.00 | .003 | 468.00  | 1.18  |
| ANCILLARIES                  | 1  | 0   | 2,132.48 | .00    | .000 | 2132.48 | 5.37  |
| INPATIENT CROSSOVERS         | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| ALL OTHER INPATIENT          | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| COMM HOSP OUTPATIENT TOTAL   | 60 | 163 | 5,303.25 | 32.54  | .411 | 88.39   | 13.36 |
| MEDICAL                      | 45 | 58  | 2,299.44 | 39.65  | .146 | 51.10   | 5.79  |
| SURGERY                      | 5  | 5   | 387.26   | 77.45  | .013 | 77.45   | .98   |
| PATHOLOGY                    | 14 | 41  | 500.61   | 12.21  | .103 | 35.76   | 1.26  |
| RADIOLOGY                    | 7  | 7   | 167.59   | 23.94  | .018 | 23.94   | .42   |
| ROOM USE                     | 29 | 37  | 1,690.51 | 45.69  | .093 | 58.29   | 4.26  |
| CROSSOVERS/ALL OTH OUTPTNT   | 7  | 15  | 257.84   | 17.19  | .038 | 36.83   | .65   |
| @STATE HOSPITAL              | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| MENTALLY ILL                 | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| DEVELOP. DISABLED            | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| @NURSING FACILITY            | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| LEV A-INTERMEDIATE           | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| LEV B-REHAB MD               | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| LEV B-SUBACUTE FREESTANDING  | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| LEV B-SUBACUTE HSPTL BASED   | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| LEV B-TRANSITIONAL IP CARE   | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| LEV B-REGULAR                | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| @INTERMEDIATE CARE FACIL.-DD | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| ICF DDH                      | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| ICF DD                       | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| ICF DDN/DDCN                 | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| @HEMODIALYSIS TOTAL          | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| HOSPITAL BASED               | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| HEMODIALYSIS CENTER          | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| @REHABILITATION FACILITY     | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| HOSPITAL BASED               | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| INDEPENDENT FACILITY         | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| @LABORATORY FACILITY         | 2  | 4   | 102.20   | 25.55  | .010 | 51.10   | .26   |
| PATHOLOGY                    | 2  | 4   | 102.20   | 25.55  | .010 | 51.10   | .26   |
| XO AND OTHERS                | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| @ORGANIZED OUTPATIENT CLINIC | 38 | 61  | 8,565.58 | 140.42 | .154 | 225.41  | 21.58 |
| CLINIC                       | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| SURGICENTER                  | 1  | 8   | 274.34   | 34.29  | .020 | 274.34  | .69   |
| HEROIN DETOX CLINIC          | 0  | 0   | .00      | .00    | .000 | .00     | .00   |
| RURAL HEALTH CLINIC          | 37 | 53  | 8,291.24 | 156.44 | .134 | 224.09  | 20.88 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 884  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 69 133% PROGRAM      AID CODES 72 74 8N

| 397 ELIGIBLES             | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
|                           |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS      | 5     | 32                                  | \$ 395.34    | \$ 12.35                     | .081                        | \$ 79.07         | \$ 1.00              |
| DURABLE MED. EQUIP.       | 1     | 1                                   | 96.98        | 96.98                        | .003                        | 96.98            | .24                  |
| BLOOD BANK                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HEARING AID DISPENSERS    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| MEDICAL TRANSPORTATION    | 1     | 18                                  | 197.40       | 10.97                        | .045                        | 197.40           | .50                  |
| AMBULANCES/AIR TRANS      | 1     | 18                                  | 197.40       | 10.97                        | .045                        | 197.40           | .50                  |
| OTHER TRANS               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER SERVICES            | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ACUPUNCTURE               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| GENETIC DISEASE TESTING   | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |

|                                |   |    |           |        |      |          |        |
|--------------------------------|---|----|-----------|--------|------|----------|--------|
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| OCCUPATIONAL THERAPIST         | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| OPTICIAN                       | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| PHYSICAL THERAPIST             | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| PORTABLE X-RAY                 | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| PROSTHETIST/ORTHOTISTS         | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| PROSTHETICS                    | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| ORTHOTICS                      | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| PSYCHOLOGIST                   | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| SPEECH AND AUDIOLOGY           | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| HOSPICE SERVICES               | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| NONINST BIRTHING CENTERS       | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| LOCAL EDUCATION AGENCIES       | 3 | 13 | 100.96    | 7.77   | .033 | 33.65    | .25    |
| EPSDT SUPPLEMENTAL SERVICE     | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| RESPIRATORY CARE PRACT.        | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| PED SUBACUTE REHAB/WEANING     | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| ALL OTHER PROVIDERS            | 0 | 0  | .00       | .00    | .000 | .00      | .00    |
| @CALIF. CHILDREN SERVICES*     | 3 | 0  | \$ 160.17 | \$ .00 | .000 | \$ 53.39 | \$ .40 |
| @XOVER EXCLUDING STATE HOSP**  | 0 | 0  | \$ .00    | \$ .00 | .000 | \$ .00   | \$ .00 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |  |          |
|----------------------------|---|--|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES      | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 885 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL                  |  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 70 100% PROGRAM | AID CODES 7A 7C 8R                                 |          |

| 663 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
|                            |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 233   | 752                                 | \$ 26,860.83 | \$ 35.72                     | 1.134                       | \$ 115.28        | \$ 40.51             |
| @PHYSICIANS SERVICES       | 52    | 107                                 | \$ 3,621.49  | \$ 33.85                     | .161                        | \$ 69.64         | \$ 5.46              |
| OUTPATIENT VISITS          | 39    | 50                                  | 1,827.38     | 36.55                        | .075                        | 46.86            | 2.76                 |
| OFFICE VISITS              | 34    | 42                                  | 1,550.05     | 36.91                        | .063                        | 45.59            | 2.34                 |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| EMERGENCY ROOM             | 5     | 6                                   | 230.69       | 38.45                        | .009                        | 46.14            | .35                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER OUTPATIENT           | 2     | 2                                   | 46.64        | 23.32                        | .003                        | 23.32            | .07                  |
| INPATIENT VISITS           | 0     | 0                                   | 59.28        | .00                          | .000                        | .00              | .09                  |
| HOSPITAL VISITS            | 0     | 0                                   | 59.28        | .00                          | .000                        | .00              | .09                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OUTPATIENT SURGERY         | 7     | 27                                  | 1,373.37     | 50.87                        | .041                        | 196.20           | 2.07                 |
| PRINCIPAL SURGEON          | 5     | 5                                   | 1,020.03     | 204.01                       | .008                        | 204.01           | 1.54                 |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANESTHESIOLOGIST           | 2     | 22                                  | 353.34       | 16.06                        | .033                        | 176.67           | .53                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                  | 6     | 6                                   | 88.58        | 14.76                        | .009                        | 14.76            | .13                  |
| RADIOLOGY                  | 14    | 23                                  | 243.86       | 10.60                        | .035                        | 17.42            | .37                  |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |

|                            |   |     |    |          |                    |       |      |           |         |
|----------------------------|---|-----|----|----------|--------------------|-------|------|-----------|---------|
| IMMUNIZATION AND INJECTION | 0   | 0   |    | .00      |                    | .00   | .000 | .00       | .00     |
| OTHER SERVICES/ALL X-OVERS | 1   | 1   |    | 29.02    |                    | 29.02 | .002 | 29.02     | .04     |
| @PHARMACY                  | 85  | 159 | \$ | 4,966.00 | \$                 | 31.23 | .240 | \$ 58.42  | \$ 7.49 |
| PRESCRIPTION DRUGS         | 85  | 159 |    | 4,966.00 |                    | 31.23 | .240 | 58.42     | 7.49    |
| SNF/ICF                    | 0   | 0   |    | .00      |                    | .00   | .000 | .00       | .00     |
| OUTPATIENTS                | 85  | 159 |    | 4,966.00 |                    | 31.23 | .240 | 58.42     | 7.49    |
| MEDICAL SUPPLIES           | 0   | 0   |    | .00      |                    | .00   | .000 | .00       | .00     |
| @DENTIST                   | 22  | 99  | \$ | 2,978.20 | \$                 | 30.08 | .149 | \$ 135.37 | \$ 4.49 |
| VISITS - DIAGNOSTIC        | 15  | 69  |    | 1,211.20 |                    | 17.55 | .104 | 80.75     | 1.83    |
| ORAL SURGERY               | 0   | 0   |    | .00      |                    | .00   | .000 | .00       | .00     |
| DRUGS                      | 0   | 0   |    | .00      |                    | .00   | .000 | .00       | .00     |
| ANESTHESIA                 | 0   | 0   |    | .00      |                    | .00   | .000 | .00       | .00     |
| PERIODONTICS               | 0   | 0   |    | .00      |                    | .00   | .000 | .00       | .00     |
| ENDODONTICS                | 0   | 0   |    | .00      |                    | .00   | .000 | .00       | .00     |
| RESTORATIVE DENTISTRY      | 9   | 20  |    | 962.00   |                    | 48.10 | .030 | 106.89    | 1.45    |
| PROSTHETICS                | 0   | 0   |    | .00      |                    | .00   | .000 | .00       | .00     |
| DENTURES, STAYPLATES       | 0   | 0   |    | .00      |                    | .00   | .000 | .00       | .00     |
| SPACE MAINTAINERS          | 0   | 0   |    | .00      |                    | .00   | .000 | .00       | .00     |
| MAXILLOFACIAL SERVICES     | 0   | 0   |    | .00      |                    | .00   | .000 | .00       | .00     |
| FRACTURES, DISLOCATIONS    | 0   | 0   |    | .00      |                    | .00   | .000 | .00       | .00     |
| ORTHODONTIC SERVICES       | 6   | 10  |    | 805.00   |                    | 80.50 | .015 | 134.17    | 1.21    |
| ALL OTHER SERVICES         | 0   | 0   |    | .00      |                    | .00   | .000 | .00       | .00     |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |     |    |          |                    |       |      |           |         |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |     |    |          |                    |       |      |           |         |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 70 100% PROGRAM   |     |    |          |                    |       |      |           |         |
|                            |   |     |    |          | AID CODES 7A 7C 8R |       |      |           |         |

PAGE 886  
01/17/03

| 663 ELIGIBLES                | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 9     | 24                                  | \$ 530.76    | \$ 22.12                     | .036                   | \$ 58.97         | \$ .80               |
| DIAGNOSTIC AND ANC. PROCED   | 7     | 7                                   | 316.84       | 45.26                        | .011                   | 45.26            | .48                  |
| EYE APPLIANCES               | 6     | 17                                  | 213.92       | 12.58                        | .026                   | 35.65            | .32                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 2     | 2                                   | \$ 70.00     | \$ 35.00                     | .003                   | \$ 35.00         | \$ .11               |
| MEDICINE/INJECTIONS          | 1     | 1                                   | 55.00        | 55.00                        | .002                   | 55.00            | .08                  |
| SURGERY/ANES.                | 1     | 1                                   | 15.00        | 15.00                        | .002                   | 15.00            | .02                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NURSE ANESTHESIST            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NURSE MIDWIFE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @TOTAL HOSPITAL              | 61    | 175                                 | \$ 6,602.69  | \$ 37.73                     | .264                   | \$ 108.24        | \$ 9.96              |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                             |   |                  |              |              |            |           |                    |
|-----------------------------|---|------------------|--------------|--------------|------------|-----------|--------------------|
| HOSP OUTPATIENT TOTAL       | 61  | 175              | 6,602.69     | 37.73        | .264       | 108.24    | 9.96               |
| MEDICAL                     | 37  | 42               | 1,686.90     | 40.16        | .063       | 45.59     | 2.54               |
| SURGERY                     | 4   | 4                | 213.06       | 53.27        | .006       | 53.27     | .32                |
| PATHOLOGY                   | 12  | 36               | 374.10       | 10.39        | .054       | 31.18     | .56                |
| RADIOLOGY                   | 19  | 27               | 2,068.85     | 76.62        | .041       | 108.89    | 3.12               |
| ROOM USE                    | 32  | 44               | 2,001.85     | 45.50        | .066       | 62.56     | 3.02               |
| CROSSTOVERS/ALL OTH OUTPTNT | 14  | 22               | 257.93       | 11.72        | .033       | 18.42     | .39                |
| @COUNTY HOSPITAL TOTAL      | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| CO HOSPITAL INPATIENT TOTAL | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| HSC HOSPITALS               | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| NON-HSC HOSPITALS TOTAL     | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| ACCOMMODATIONS              | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| ADMINISTRATIVE DAYS         | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| TRANSITIONAL IP CARE        | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| ALL OTHER ACCOM             | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| ANCILLARIES                 | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| INPATIENT CROSSTOVERS       | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| ALL OTHER INPATIENT         | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| CO HOSP OUTPATIENT TOTAL    | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| MEDICAL                     | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| SURGERY                     | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| PATHOLOGY                   | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| RADIOLOGY                   | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| ROOM USE                    | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| CROSSTOVERS/ALL OTH OUTPTNT | 0   | 0                | .00          | .00          | .000       | .00       | .00                |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |                  |              |              |            |           | PAGE 887           |
| MOP024                      | FEE-FOR-SERVICE/DENTAL  |                  |              |              |            |           | 01/17/03           |
| AMADOR COUNTY               | SUMMARY OF SERVICES FOR 70 100% PROGRAM   |                  |              |              |            |           | AID CODES 7A 7C 8R |
| 663 ELIGIBLES               | USERS   | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER  | COST PER           |
|                             |   | OR DAYS OF CARE  |              | PER UNIT/DAY | PER ELIG   | USER      | ELIGIBLE           |
| @COMMUNITY HOSPITAL TOTAL   | 61  | 175              | \$ 6,602.69  | \$ 37.73     | .264       | \$ 108.24 | \$ 9.96            |



|                              |    |     |          |        |      |        |       |
|------------------------------|----|-----|----------|--------|------|--------|-------|
| COMM HOSP INPATIENT TOTAL    | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| HSC HOSPITALS                | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| NON-HSC HOSPITALS TOTAL      | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| ACCOMMODATIONS               | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| ADMINISTRATIVE DAYS          | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| TRANSITIONAL IP CARE         | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| ALL OTHER ACCOM              | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| ANCILLARIES                  | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| INPATIENT CROSSOVERS         | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| ALL OTHER INPATIENT          | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| COMM HOSP OUTPATIENT TOTAL   | 61 | 175 | 6,602.69 | 37.73  | .264 | 108.24 | 9.96  |
| MEDICAL                      | 37 | 42  | 1,686.90 | 40.16  | .063 | 45.59  | 2.54  |
| SURGERY                      | 4  | 4   | 213.06   | 53.27  | .006 | 53.27  | .32   |
| PATHOLOGY                    | 12 | 36  | 374.10   | 10.39  | .054 | 31.18  | .56   |
| RADIOLOGY                    | 19 | 27  | 2,068.85 | 76.62  | .041 | 108.89 | 3.12  |
| ROOM USE                     | 32 | 44  | 2,001.85 | 45.50  | .066 | 62.56  | 3.02  |
| CROSSOVERS/ALL OTH OUTPTNT   | 14 | 22  | 257.93   | 11.72  | .033 | 18.42  | .39   |
| @STATE HOSPITAL              | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| MENTALLY ILL                 | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| DEVELOP. DISABLED            | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| @NURSING FACILITY            | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| LEV A-INTERMEDIATE           | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| LEV B-REHAB MD               | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| LEV B-SUBACUTE FREESTANDING  | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| LEV B-SUBACUTE HSPTL BASED   | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| LEV B-TRANSITIONAL IP CARE   | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| LEV B-REGULAR                | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| @INTERMEDIATE CARE FACIL.-DD | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| ICF DDH                      | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| ICF DD                       | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| ICF DDN/DDCN                 | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| @HEMODIALYSIS TOTAL          | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| HOSPITAL BASED               | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| HEMODIALYSIS CENTER          | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| @REHABILITATION FACILITY     | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| HOSPITAL BASED               | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| INDEPENDENT FACILITY         | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| @LABORATORY FACILITY         | 5  | 10  | 98.45    | 9.85   | .015 | 19.69  | .15   |
| PATHOLOGY                    | 5  | 10  | 98.45    | 9.85   | .015 | 19.69  | .15   |
| XO AND OTHERS                | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| @ORGANIZED OUTPATIENT CLINIC | 37 | 51  | 6,904.30 | 135.38 | .077 | 186.60 | 10.41 |
| CLINIC                       | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| SURGICENTER                  | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| HEROIN DETOX CLINIC          | 0  | 0   | .00      | .00    | .000 | .00    | .00   |
| RURAL HEALTH CLINIC          | 37 | 51  | 6,904.30 | 135.38 | .077 | 186.60 | 10.41 |

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY  
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR 70 100% PROGRAM

PAGE 888  
01/17/03

| 663 ELIGIBLES          | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE        |                  |                      |
|------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                        |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS   | 47    | 125                                 | \$ 1,088.94  | \$ 8.71                      | .189                   | \$ 23.17         | \$ 1.64              |
| DURABLE MED. EQUIP.    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                               |    |     |          |        |      |        |        |
|-------------------------------|----|-----|----------|--------|------|--------|--------|
| AMBULANCES/AIR TRANS          | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| OTHER TRANS                   | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| OTHER SERVICES                | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| ACUPUNCTURE                   | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| ADULT DAY HEALTH CARE CTR     | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| GENETIC DISEASE TESTING       | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| OCCUPATIONAL THERAPIST        | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| OPTICIAN                      | 5  | 10  | 92.64    | 9.26   | .015 | 18.53  | .14    |
| PHYSICAL THERAPIST            | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| PORTABLE X-RAY                | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| PROSTHETIST/ORTHOTISTS        | 1  | 1   | 44.08    | 44.08  | .002 | 44.08  | .07    |
| PROSTHETICS                   | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| ORTHOTICS                     | 1  | 1   | 44.08    | 44.08  | .002 | 44.08  | .07    |
| PSYCHOLOGIST                  | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| SPEECH AND AUDIOLOGY          | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| HOSPICE SERVICES              | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| NONINST BIRTHING CENTERS      | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| LOCAL EDUCATION AGENCIES      | 41 | 114 | 952.22   | 8.35   | .172 | 23.22  | 1.44   |
| EPSDT SUPPLEMENTAL SERVICE    | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| RESPIRATORY CARE PRACT.       | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| PED SUBACUTE REHAB/WEANING    | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| ALL OTHER PROVIDERS           | 0  | 0   | .00      | .00    | .000 | .00    | .00    |
| @CALIF. CHILDREN SERVICES*    | 0  | 0   | \$ 59.28 | \$ .00 | .000 | \$ .00 | \$ .09 |
| @XOVER EXCLUDING STATE HOSP** | 0  | 0   | .00      | \$ .00 | .000 | \$ .00 | .00    |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |  |  |          |
|----------------------------|--|--|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES                                   | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 889 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL   |  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F |  |          |

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
|                            |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 146   | 304                                 | \$ 11,926.58 | \$ 39.23                     | .000                        | \$ 81.69         | \$ .00               |
| @PHYSICIANS SERVICES       | 99    | 170                                 | \$ 8,426.12  | \$ 49.57                     | .000                        | \$ 85.11         | \$ .00               |
| OUTPATIENT VISITS          | 95    | 139                                 | 7,823.85     | 56.29                        | .000                        | 82.36            | .00                  |
| OFFICE VISITS              | 46    | 51                                  | 980.88       | 19.23                        | .000                        | 21.32            | .00                  |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 64    | 88                                  | 6,842.97     | 77.76                        | .000                        | 106.92           | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OUTPATIENT SURGERY         | 1     | 2                                   | 45.60        | 22.80                        | .000                        | 45.60            | .00                  |
| PRINCIPAL SURGEON          | 1     | 2                                   | 45.60        | 22.80                        | .000                        | 45.60            | .00                  |

|                            |    |    |    |        |          |      |          |        |
|----------------------------|----|----|----|--------|----------|------|----------|--------|
| ASSISTANT SURGEON          | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| ANESTHESIOLOGIST           | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| DIALYSIS                   | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| PATHOLOGY                  | 24 | 24 |    | 175.06 | 7.29     | .000 | 7.29     | .00    |
| RADIOLOGY                  | 4  | 4  |    | 264.10 | 66.03    | .000 | 66.03    | .00    |
| PSYCHIATRY                 | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| IMMUNIZATION AND INJECTION | 1  | 1  |    | 117.51 | 117.51   | .000 | 117.51   | .00    |
| OTHER SERVICES/ALL X-OVERS | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| @PHARMACY                  | 23 | 41 | \$ | 678.34 | \$ 16.54 | .000 | \$ 29.49 | \$ .00 |
| PRESCRIPTION DRUGS         | 23 | 41 |    | 678.34 | 16.54    | .000 | 29.49    | .00    |
| SNF/ICF                    | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| OUTPATIENTS                | 23 | 41 |    | 678.34 | 16.54    | .000 | 29.49    | .00    |
| MEDICAL SUPPLIES           | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| @DENTIST                   | 0  | 0  | \$ | .00    | \$ .00   | .000 | \$ .00   | \$ .00 |
| VISITS - DIAGNOSTIC        | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| ORAL SURGERY               | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| DRUGS                      | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| ANESTHESIA                 | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| PERIODONTICS               | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| ENDODONTICS                | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| RESTORATIVE DENTISTRY      | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| PROSTHETICS                | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| DENTURES, STAYPLATES       | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| SPACE MAINTAINERS          | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| MAXILLOFACIAL SERVICES     | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| FRACTURES, DISLOCATIONS    | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| ORTHODONTIC SERVICES       | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |
| ALL OTHER SERVICES         | 0  | 0  |    | .00    | .00      | .000 | .00      | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      890  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR    71 PRESUMP ELIGIBILITY-PREGNANT    AID CODES 7F

| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |  |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
|                              |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |  |
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |  |
| NURSE ANESTHESIST            | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| NURSE MIDWIFE                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| @TOTAL HOSPITAL              | 1     | 1                                   | \$ 162.80    | \$ 162.80                    | .000                        | \$ 162.80        | \$ .00               |  |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |  |

|                             |   |   |        |        |      |        |        |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| ADMINISTRATIVE DAYS         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| TRANSITIONAL IP CARE        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER ACCOM             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANCILLARIES                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INPATIENT CROSSOVERS        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER INPATIENT         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HOSP OUTPATIENT TOTAL       | 1 | 1 | 162.80 | 162.80 | .000 | 162.80 | .00    |
| MEDICAL                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGERY                     | 0 | 0 | 25.72  | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 0 | 0 | 49.06  | .00    | .000 | .00    | .00    |
| RADIOLOGY                   | 1 | 1 | 80.38  | 80.38  | .000 | 80.38  | .00    |
| ROOM USE                    | 0 | 0 | 7.64   | .00    | .000 | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @COUNTY HOSPITAL TOTAL      | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HSC HOSPITALS               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| NON-HSC HOSPITALS TOTAL     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ACCOMMODATIONS              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ADMINISTRATIVE DAYS         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| TRANSITIONAL IP CARE        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER ACCOM             | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANCILLARIES                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INPATIENT CROSSOVERS        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER INPATIENT         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CO HOSP OUTPATIENT TOTAL    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGERY                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 891  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  | COST PER<br>ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
|                            |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER |                      |
| @COMMUNITY HOSPITAL TOTAL  | 1     | 1                                   | \$ 162.80    | \$ 162.80                    | .000                        | \$ 162.80        | \$ .00               |
| COMM HOSP INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HSC HOSPITALS              | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ACCOMMODATIONS             | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ADMINISTRATIVE DAYS        | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| TRANSITIONAL IP CARE       | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER ACCOM            | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANCILLARIES                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT CROSSOVERS       | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ALL OTHER INPATIENT        | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL | 1     | 1                                   | 162.80       | 162.80                       | .000                        | 162.80           | .00                  |
| MEDICAL                    | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SURGERY                    | 0     | 0                                   | 25.72        | .00                          | .000                        | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | 49.06        | .00                          | .000                        | .00              | .00                  |
| RADIOLOGY                  | 1     | 1                                   | 80.38        | 80.38                        | .000                        | 80.38            | .00                  |
| ROOM USE                   | 0     | 0                                   | 7.64         | .00                          | .000                        | .00              | .00                  |
| CROSSOVERS/ALL OTH OUTPTNT | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| @STATE HOSPITAL            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                        | \$ .00           | \$ .00               |

|                              |    |    |    |          |     |       |         |          |
|------------------------------|----|----|----|----------|-----|-------|---------|----------|
| MENTALLY ILL                 | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| DEVELOP. DISABLED            | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| @NURSING FACILITY            | 0  | 0  | \$ | .00      | \$  | .000  | \$      | .00 \$   |
| LEV A-INTERMEDIATE           | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| LEV B-REHAB MD               | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| LEV B-SUBACUTE FREESTANDING  | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| LEV B-SUBACUTE HSPTL BASED   | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| LEV B-TRANSITIONAL IP CARE   | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| LEV B-REGULAR                | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| @INTERMEDIATE CARE FACIL.-DD | 0  | 0  | \$ | .00      | \$  | .000  | \$      | .00 \$   |
| ICF DDH                      | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| ICF DD                       | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| ICF DDN/DDCN                 | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| @HEMODIALYSIS TOTAL          | 0  | 0  | \$ | .00      | \$  | .000  | \$      | .00 \$   |
| HOSPITAL BASED               | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| HEMODIALYSIS CENTER          | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| @REHABILITATION FACILITY     | 0  | 0  | \$ | .00      | \$  | .000  | \$      | .00 \$   |
| HOSPITAL BASED               | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| INDEPENDENT FACILITY         | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| @LABORATORY FACILITY         | 44 | 90 | \$ | 2,449.32 | \$  | 27.21 | .000 \$ | 55.67 \$ |
| PATHOLOGY                    | 44 | 90 |    | 2,449.32 |     | 27.21 | .000    | 55.67    |
| XO AND OTHERS                | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| @ORGANIZED OUTPATIENT CLINIC | 0  | 0  | \$ | .00      | \$  | .000  | \$      | .00 \$   |
| CLINIC                       | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| SURGICENTER                  | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| HEROIN DETOX CLINIC          | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |
| RURAL HEALTH CLINIC          | 0  | 0  |    | .00      | .00 | .000  | .00     | .00      |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      892  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
 AMADOR COUNTY      SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

|  | 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS                  | COST PER | COST PER |
|--|--------------|-------|------------------|--------------|--------------|-----------------------------|----------|----------|
|  |              |       |                  |              |              | ----- MONTHLY AVERAGE ----- |          |          |

|                               |   | OR DAYS OF CARE |    |        | PER UNIT/DAY | PER ELIG | USER      | ELIGIBLE |
|-------------------------------|---|-----------------|----|--------|--------------|----------|-----------|----------|
| @ALL OTHER PROVIDERS          | 2 | 2               | \$ | 210.00 | \$ 105.00    | .000     | \$ 105.00 | \$ .00   |
| DURABLE MED. EQUIP.           | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| BLOOD BANK                    | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| HEARING AID DISPENSERS        | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| MEDICAL TRANSPORTATION        | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| AMBULANCES/AIR TRANS          | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| OTHER TRANS                   | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| OTHER SERVICES                | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| ACUPUNCTURE                   | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| ADULT DAY HEALTH CARE CTR     | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| GENETIC DISEASE TESTING       | 2 | 2               |    | 210.00 | 105.00       | .000     | 105.00    | .00      |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| OCCUPATIONAL THERAPIST        | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| OPTICIAN                      | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| PHYSICAL THERAPIST            | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| PORTABLE X-RAY                | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| PROSTHETIST/ORTHOTISTS        | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| PROSTHETICS                   | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| ORTHOTICS                     | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| PSYCHOLOGIST                  | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| SPEECH AND AUDIOLOGY          | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| HOSPICE SERVICES              | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| NONINST BIRTHING CENTERS      | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| LOCAL EDUCATION AGENCIES      | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| EPSDT SUPPLEMENTAL SERVICE    | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| RESPIRATORY CARE PRACT.       | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| PED SUBACUTE REHAB/WEANING    | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| ALL OTHER PROVIDERS           | 0 | 0               |    | .00    | .00          | .000     | .00       | .00      |
| @CALIF. CHILDREN SERVICES*    | 0 | 0               | \$ | .00    | \$ .00       | .000     | \$ .00    | \$ .00   |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0               | \$ | .00    | \$ .00       | .000     | \$ .00    | \$ .00   |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      893  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE

| 00 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS     | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @PHYSICIANS SERVICES      | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| OUTPATIENT VISITS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OFFICE VISITS             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOME VISITS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPITAL VISITS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                            |   |   |        |        |      |        |        |
|----------------------------|---|---|--------|--------|------|--------|--------|
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PRINCIPAL SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ASSISTANT SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIOLOGIST           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OUTPATIENT SURGERY         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PRINCIPAL SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ASSISTANT SURGEON          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIOLOGIST           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DIALYSIS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PSYCHIATRY                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @PHARMACY                  | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| PRESCRIPTION DRUGS         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SNF/ICF                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OUTPATIENTS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MEDICAL SUPPLIES           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @DENTIST                   | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| VISITS - DIAGNOSTIC        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORAL SURGERY               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DRUGS                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ANESTHESIA                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PERIODONTICS               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ENDODONTICS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESTORATIVE DENTISTRY      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETICS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DENTURES, STAYPLATES       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SPACE MAINTAINERS          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| MAXILLOFACIAL SERVICES     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| FRACTURES, DISLOCATIONS    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORTHODONTIC SERVICES       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER SERVICES         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 894  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE

| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE MIDWIFE                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |

|                             |   |   |    |     |    |     |      |    |     |    |          |
|-----------------------------|---|---|----|-----|----|-----|------|----|-----|----|----------|
| FAMILY NURSE PRACTITIONER   | 0   | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00      |
| @TOTAL HOSPITAL             | 0   | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00      |
| HOSP INPATIENT TOTAL        | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| HSC HOSPITALS               | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| NON-HSC HOSPITAL TOTAL      | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ACCOMMODATIONS              | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ADMINISTRATIVE DAYS         | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| TRANSITIONAL IP CARE        | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ALL OTHER ACCOM             | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ANCILLARIES                 | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| INPATIENT CROSSOVERS        | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ALL OTHER INPATIENT         | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| HOSP OUTPATIENT TOTAL       | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| MEDICAL                     | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| SURGERY                     | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| PATHOLOGY                   | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| RADIOLOGY                   | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ROOM USE                    | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| @COUNTY HOSPITAL TOTAL      | 0   | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00      |
| CO HOSPITAL INPATIENT TOTAL | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| HSC HOSPITALS               | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| NON-HSC HOSPITALS TOTAL     | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ACCOMMODATIONS              | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ADMINISTRATIVE DAYS         | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| TRANSITIONAL IP CARE        | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ALL OTHER ACCOM             | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ANCILLARIES                 | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| INPATIENT CROSSOVERS        | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ALL OTHER INPATIENT         | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| CO HOSP OUTPATIENT TOTAL    | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| MEDICAL                     | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| SURGERY                     | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| PATHOLOGY                   | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| RADIOLOGY                   | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ROOM USE                    | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |   |    |     |    |     |      |    |     |    | PAGE 895 |
| MOP024                      | FEE-FOR-SERVICE/DENTAL  |   |    |     |    |     |      |    |     |    | 01/17/03 |
| AMADOR COUNTY               | SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM                              |   |    |     |    |     |      |    |     |    | AID CODE |

|                            |       |                                     |              |                              |                        | ----- MONTHLY AVERAGE ----- |                      |  |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER            | COST PER<br>ELIGIBLE |  |
| @COMMUNITY HOSPITAL TOTAL  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00                      | \$ .00               |  |
| COMM HOSP INPATIENT TOTAL  | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| HSC HOSPITALS              | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| NON-HSC HOSPITALS TOTAL    | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| ACCOMMODATIONS             | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| ADMINISTRATIVE DAYS        | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| TRANSITIONAL IP CARE       | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| ALL OTHER ACCOM            | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| ANCILLARIES                | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| INPATIENT CROSSOVERS       | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| ALL OTHER INPATIENT        | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| COMM HOSP OUTPATIENT TOTAL | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |
| MEDICAL                    | 0     | 0                                   | .00          | .00                          | .000                   | .00                         | .00                  |  |



|                              |   |   |        |        |      |        |        |
|------------------------------|---|---|--------|--------|------|--------|--------|
| SURGERY                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @STATE HOSPITAL              | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| MENTALLY ILL                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| DEVELOP. DISABLED            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @NURSING FACILITY            | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| LEV A-INTERMEDIATE           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-REHAB MD               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-SUBACUTE FREESTANDING  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-SUBACUTE HSPTL BASED   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-TRANSITIONAL IP CARE   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LEV B-REGULAR                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| ICF DDH                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ICF DD                       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ICF DDN/DDCN                 | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @HEMODIALYSIS TOTAL          | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HEMODIALYSIS CENTER          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @REHABILITATION FACILITY     | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| HOSPITAL BASED               | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| INDEPENDENT FACILITY         | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @LABORATORY FACILITY         | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| PATHOLOGY                    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| XO AND OTHERS                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| CLINIC                       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SURGICENTER                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HEROIN DETOX CLINIC          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RURAL HEALTH CLINIC          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV  
MOP024  
AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

PAGE 896  
01/17/03

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| AMBULANCES/AIR TRANS       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER TRANS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACUPUNCTURE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OCCUPATIONAL THERAPIST     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPTICIAN                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PHYSICAL THERAPIST         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PORTABLE X-RAY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PROSTHETIST/ORTHOTISTS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                               |   |   |     |        |      |        |        |
|-------------------------------|---|---|-----|--------|------|--------|--------|
| PROSTHETICS                   | 0 | 0 | .00 | .00    | .000 | .00    | .00    |
| ORTHOTICS                     | 0 | 0 | .00 | .00    | .000 | .00    | .00    |
| PSYCHOLOGIST                  | 0 | 0 | .00 | .00    | .000 | .00    | .00    |
| SPEECH AND AUDIOLOGY          | 0 | 0 | .00 | .00    | .000 | .00    | .00    |
| HOSPICE SERVICES              | 0 | 0 | .00 | .00    | .000 | .00    | .00    |
| NONINST BIRTHING CENTERS      | 0 | 0 | .00 | .00    | .000 | .00    | .00    |
| LOCAL EDUCATION AGENCIES      | 0 | 0 | .00 | .00    | .000 | .00    | .00    |
| EPSDT SUPPLEMENTAL SERVICE    | 0 | 0 | .00 | .00    | .000 | .00    | .00    |
| RESPIRATORY CARE PRACT.       | 0 | 0 | .00 | .00    | .000 | .00    | .00    |
| PED SUBACUTE REHAB/WEANING    | 0 | 0 | .00 | .00    | .000 | .00    | .00    |
| ALL OTHER PROVIDERS           | 0 | 0 | .00 | .00    | .000 | .00    | .00    |
| @CALIF. CHILDREN SERVICES*    | 0 | 0 | .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | .00 | \$ .00 | .000 | \$ .00 | \$ .00 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024      FEE-FOR-SERVICE/DENTAL  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

PAGE 897  
01/17/03

| 56 ELIGIBLES          | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
|                       |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 43    | 230                                 | \$ 17,102.95 | \$ 74.36                     | 4.107                       | \$ 397.74        | \$ 305.41            |
| @PHYSICIANS SERVICES  | 21    | 115                                 | \$ 5,275.88  | \$ 45.88                     | 2.054                       | \$ 251.23        | \$ 94.21             |
| OUTPATIENT VISITS     | 10    | 17                                  | 1,279.78     | 75.28                        | .304                        | 127.98           | 22.85                |
| OFFICE VISITS         | 6     | 6                                   | 669.05       | 111.51                       | .107                        | 111.51           | 11.95                |
| HOME VISITS           | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| EMERGENCY ROOM        | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PREVENTIVE CARE       | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OB VISITS/COMPRE PERI | 6     | 11                                  | 610.73       | 55.52                        | .196                        | 101.79           | 10.91                |
| OTHER OUTPATIENT      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT VISITS      | 4     | 6                                   | 250.71       | 41.79                        | .107                        | 62.68            | 4.48                 |

|                            |   |    |           |          |      |          |         |
|----------------------------|---|----|-----------|----------|------|----------|---------|
| HOSPITAL VISITS            | 4 | 6  | 250.71    | 41.79    | .107 | 62.68    | 4.48    |
| CRITICAL CARE              | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| SNF/ICF/TRANS IP CARE      | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| OPHTHALMOLOGICAL SERVICES  | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| EXAMINATIONS               | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| SERVICES AND MATERIALS     | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| INPATIENT HOSPITAL SURGERY | 3 | 39 | 1,746.46  | 44.78    | .696 | 582.15   | 31.19   |
| PRINCIPAL SURGEON          | 2 | 2  | 1,632.84  | 816.42   | .036 | 816.42   | 29.16   |
| ASSISTANT SURGEON          | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ANESTHESIOLOGIST           | 1 | 37 | 113.62    | 3.07     | .661 | 113.62   | 2.03    |
| OUTPATIENT SURGERY         | 6 | 12 | 957.58    | 79.80    | .214 | 159.60   | 17.10   |
| PRINCIPAL SURGEON          | 6 | 9  | 868.00    | 96.44    | .161 | 144.67   | 15.50   |
| ASSISTANT SURGEON          | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ANESTHESIOLOGIST           | 3 | 3  | 89.58     | 29.86    | .054 | 29.86    | 1.60    |
| DIALYSIS                   | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| PATHOLOGY                  | 5 | 12 | 83.62     | 6.97     | .214 | 16.72    | 1.49    |
| RADIOLOGY                  | 6 | 7  | 474.25    | 67.75    | .125 | 79.04    | 8.47    |
| PSYCHIATRY                 | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| IMMUNIZATION AND INJECTION | 4 | 13 | 238.48    | 18.34    | .232 | 59.62    | 4.26    |
| OTHER SERVICES/ALL X-OVERS | 3 | 9  | 245.00    | 27.22    | .161 | 81.67    | 4.38    |
| @PHARMACY                  | 5 | 8  | \$ 131.13 | \$ 16.39 | .143 | \$ 26.23 | \$ 2.34 |
| PRESCRIPTION DRUGS         | 5 | 8  | 131.13    | 16.39    | .143 | 26.23    | 2.34    |
| SNF/ICF                    | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| OUTPATIENTS                | 5 | 8  | 131.13    | 16.39    | .143 | 26.23    | 2.34    |
| MEDICAL SUPPLIES           | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| @DENTIST                   | 0 | 0  | \$ .00    | \$ .00   | .000 | \$ .00   | \$ .00  |
| VISITS - DIAGNOSTIC        | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ORAL SURGERY               | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| DRUGS                      | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ANESTHESIA                 | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| PERIODONTICS               | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ENDODONTICS                | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| RESTORATIVE DENTISTRY      | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| PROSTHETICS                | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| DENTURES, STAYPLATES       | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| SPACE MAINTAINERS          | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| MAXILLOFACIAL SERVICES     | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| FRACTURES, DISLOCATIONS    | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ORTHODONTIC SERVICES       | 0 | 0  | .00       | .00      | .000 | .00      | .00     |
| ALL OTHER SERVICES         | 0 | 0  | .00       | .00      | .000 | .00      | .00     |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      898  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR    73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

| 56 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST               | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |    |    |    |           |     |         |       |           |
|------------------------------|----|----|----|-----------|-----|---------|-------|-----------|
| RADIO./PATHOLOGY             | 0  | 0  |    | .00       | .00 | .000    | .00   | .00       |
| OTHER                        | 0  | 0  |    | .00       | .00 | .000    | .00   | .00       |
| @HOME HEALTH AGENCY          | 0  | 0  | \$ | .00       | \$  | .000    | \$    | .00       |
| NURSE ANESTHESIST            | 0  | 0  | \$ | .00       | \$  | .000    | \$    | .00       |
| NURSE MIDWIFE                | 0  | 0  | \$ | .00       | \$  | .000    | \$    | .00       |
| PEDIATRIC NURSE PRACTITIONER | 0  | 0  | \$ | .00       | \$  | .000    | \$    | .00       |
| FAMILY NURSE PRACTITIONER    | 0  | 0  | \$ | .00       | \$  | .000    | \$    | .00       |
| @TOTAL HOSPITAL              | 22 | 84 | \$ | 10,964.97 | \$  | 130.54  | 1.500 | \$ 498.41 |
| HOSP INPATIENT TOTAL         | 3  | 11 |    | 9,295.92  |     | 845.08  | .196  | 3098.64   |
| HSC HOSPITALS                | 2  | 7  |    | 7,527.53  |     | 1075.36 | .125  | 3763.77   |
| NON-HSC HOSPITAL TOTAL       | 1  | 4  |    | 1,768.39  |     | 442.10  | .071  | 1768.39   |
| ACCOMMODATIONS               | 1  | 4  |    | 666.00    |     | 166.50  | .071  | 666.00    |
| ADMINISTRATIVE DAYS          | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| TRANSITIONAL IP CARE         | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| ALL OTHER ACCOM              | 1  | 4  |    | 666.00    |     | 166.50  | .071  | 666.00    |
| ANCILLARIES                  | 1  | 0  |    | 1,102.39  |     | .00     | .000  | 1102.39   |
| INPATIENT CROSSOVERS         | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| ALL OTHER INPATIENT          | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| HOSP OUTPATIENT TOTAL        | 19 | 73 |    | 1,669.05  |     | 22.86   | 1.304 | 87.84     |
| MEDICAL                      | 6  | 6  |    | 435.20    |     | 72.53   | .107  | 72.53     |
| SURGERY                      | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| PATHOLOGY                    | 12 | 47 |    | 571.55    |     | 12.16   | .839  | 47.63     |
| RADIOLOGY                    | 2  | 2  |    | 139.89    |     | 69.95   | .036  | 69.95     |
| ROOM USE                     | 9  | 10 |    | 424.17    |     | 42.42   | .179  | 47.13     |
| CROSSOVERS/ALL OTH OUTPTNT   | 5  | 8  |    | 98.24     |     | 12.28   | .143  | 19.65     |
| @COUNTY HOSPITAL TOTAL       | 0  | 0  | \$ | .00       | \$  | .00     | .000  | \$ .00    |
| CO HOSPITAL INPATIENT TOTAL  | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| HSC HOSPITALS                | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| NON-HSC HOSPITALS TOTAL      | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| ACCOMMODATIONS               | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| ADMINISTRATIVE DAYS          | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| TRANSITIONAL IP CARE         | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| ALL OTHER ACCOM              | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| ANCILLARIES                  | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| INPATIENT CROSSOVERS         | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| ALL OTHER INPATIENT          | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| CO HOSP OUTPATIENT TOTAL     | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| MEDICAL                      | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| SURGERY                      | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| PATHOLOGY                    | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| RADIOLOGY                    | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| ROOM USE                     | 0  | 0  |    | .00       |     | .00     | .000  | .00       |
| CROSSOVERS/ALL OTH OUTPTNT   | 0  | 0  |    | .00       |     | .00     | .000  | .00       |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      899

MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

AMADOR COUNTY      SUMMARY OF SERVICES FOR      73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

|                           | 56 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 22           | 84    | \$                                  | 10,964.97    | \$ 130.54                    | 1.500                  | \$ 498.41        | \$ 195.80            |
| COMM HOSP INPATIENT TOTAL | 3            | 11    |                                     | 9,295.92     | 845.08                       | .196                   | 3098.64          | 166.00               |
| HSC HOSPITALS             | 2            | 7     |                                     | 7,527.53     | 1075.36                      | .125                   | 3763.77          | 134.42               |
| NON-HSC HOSPITALS TOTAL   | 1            | 4     |                                     | 1,768.39     | 442.10                       | .071                   | 1768.39          | 31.58                |
| ACCOMMODATIONS            | 1            | 4     |                                     | 666.00       | 166.50                       | .071                   | 666.00           | 11.89                |
| ADMINISTRATIVE DAYS       | 0            | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE      | 0            | 0     |                                     | .00          | .00                          | .000                   | .00              | .00                  |

|                              |    |    |    |          |        |       |         |       |
|------------------------------|----|----|----|----------|--------|-------|---------|-------|
| ALL OTHER ACCOM              | 1  | 4  |    | 666.00   | 166.50 | .071  | 666.00  | 11.89 |
| ANCILLARIES                  | 1  | 0  |    | 1,102.39 | .00    | .000  | 1102.39 | 19.69 |
| INPATIENT CROSSOVERS         | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| ALL OTHER INPATIENT          | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| COMM HOSP OUTPATIENT TOTAL   | 19 | 73 |    | 1,669.05 | 22.86  | 1.304 | 87.84   | 29.80 |
| MEDICAL                      | 6  | 6  |    | 435.20   | 72.53  | .107  | 72.53   | 7.77  |
| SURGERY                      | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| PATHOLOGY                    | 12 | 47 |    | 571.55   | 12.16  | .839  | 47.63   | 10.21 |
| RADIOLOGY                    | 2  | 2  |    | 139.89   | 69.95  | .036  | 69.95   | 2.50  |
| ROOM USE                     | 9  | 10 |    | 424.17   | 42.42  | .179  | 47.13   | 7.57  |
| CROSSOVERS/ALL OTH OUTPTNT   | 5  | 8  |    | 98.24    | 12.28  | .143  | 19.65   | 1.75  |
| @STATE HOSPITAL              | 0  | 0  | \$ | .00      | .00    | .000  | .00     | .00   |
| MENTALLY ILL                 | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| DEVELOP. DISABLED            | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| @NURSING FACILITY            | 0  | 0  | \$ | .00      | .00    | .000  | .00     | .00   |
| LEV A-INTERMEDIATE           | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| LEV B-REHAB MD               | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| LEV B-SUBACUTE FREESTANDING  | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| LEV B-SUBACUTE HSPTL BASED   | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| LEV B-TRANSITIONAL IP CARE   | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| LEV B-REGULAR                | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| @INTERMEDIATE CARE FACIL.-DD | 0  | 0  | \$ | .00      | .00    | .000  | .00     | .00   |
| ICF DDH                      | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| ICF DD                       | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| ICF DDN/DDCN                 | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| @HEMODIALYSIS TOTAL          | 0  | 0  | \$ | .00      | .00    | .000  | .00     | .00   |
| HOSPITAL BASED               | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| HEMODIALYSIS CENTER          | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| @REHABILITATION FACILITY     | 0  | 0  | \$ | .00      | .00    | .000  | .00     | .00   |
| HOSPITAL BASED               | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| INDEPENDENT FACILITY         | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| @LABORATORY FACILITY         | 4  | 21 | \$ | 566.88   | 26.99  | .375  | 141.72  | 10.12 |
| PATHOLOGY                    | 4  | 21 |    | 566.88   | 26.99  | .375  | 141.72  | 10.12 |
| XO AND OTHERS                | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| @ORGANIZED OUTPATIENT CLINIC | 1  | 1  | \$ | 59.09    | 59.09  | .018  | 59.09   | 1.06  |
| CLINIC                       | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| SURGICENTER                  | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| HEROIN DETOX CLINIC          | 0  | 0  |    | .00      | .00    | .000  | .00     | .00   |
| RURAL HEALTH CLINIC          | 1  | 1  |    | 59.09    | 59.09  | .018  | 59.09   | 1.06  |

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

| 56 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE        |                  |                      |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                           |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @ALL OTHER PROVIDERS      | 1     | 1                                   | \$ 105.00    | \$ 105.00                    | .018                   | \$ 105.00        | \$ 1.88              |
| DURABLE MED. EQUIP.       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| BLOOD BANK                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEARING AID DISPENSERS    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| MEDICAL TRANSPORTATION    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| AMBULANCES/AIR TRANS      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER TRANS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACUPUNCTURE               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADULT DAY HEALTH CARE CTR | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| GENETIC DISEASE TESTING   | 1     | 1                                   | 105.00       | 105.00                       | .018                   | 105.00           | 1.88                 |

|                                |   |   |    |     |     |      |     |     |
|--------------------------------|---|---|----|-----|-----|------|-----|-----|
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST         | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN                       | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST             | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY                 | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS         | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS                    | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS                      | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST                   | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY           | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES               | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS       | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES       | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE     | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT.        | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING     | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS            | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES*     | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| @XOVER EXCLUDING STATE HOSP**  | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |  |          |
|----------------------------|---|--|----------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES        | MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 901 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL                    |  | 01/17/03 |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 74 FOR FUTURE USE |  |          |

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| @PHYSICIANS SERVICES       | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| OUTPATIENT VISITS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OFFICE VISITS              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EMERGENCY ROOM             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OUTPATIENT SURGERY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DIALYSIS                   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PATHOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIOLOGY                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PSYCHIATRY                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                            |   |   |    |     |     |      |     |     |
|----------------------------|---|---|----|-----|-----|------|-----|-----|
| IMMUNIZATION AND INJECTION | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY                  | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| PRESCRIPTION DRUGS         | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF                    | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS                | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES           | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| @DENTIST                   | 0 | 0 | \$ | .00 | \$  | .000 | \$  | .00 |
| VISITS - DIAGNOSTIC        | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY               | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| DRUGS                      | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA                 | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS               | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS                | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY      | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS                | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES       | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS          | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES     | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS    | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES       | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES         | 0 | 0 |    | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      902  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

| 00 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                            |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST               | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                              |   |   |    |     |    |     |      |    |     |    |          |
|------------------------------|---|---|----|-----|----|-----|------|----|-----|----|----------|
| @CHIROPRACTOR                | 0   | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00      |
| VISITS                       | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| OTHER SERVICES               | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| @PODIATRIST                  | 0   | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00      |
| MEDICINE/INJECTIONS          | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| SURGERY/ANES.                | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| RADIO./PATHOLOGY             | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| OTHER                        | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| @HOME HEALTH AGENCY          | 0   | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00      |
| NURSE ANESTHESIST            | 0   | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00      |
| NURSE MIDWIFE                | 0   | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00      |
| PEDIATRIC NURSE PRACTITIONER | 0   | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00      |
| FAMILY NURSE PRACTITIONER    | 0   | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00      |
| @TOTAL HOSPITAL              | 0   | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00      |
| HOSP INPATIENT TOTAL         | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| HSC HOSPITALS                | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| NON-HSC HOSPITAL TOTAL       | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ACCOMMODATIONS               | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ADMINISTRATIVE DAYS          | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| TRANSITIONAL IP CARE         | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ALL OTHER ACCOM              | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ANCILLARIES                  | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| INPATIENT CROSSOVERS         | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ALL OTHER INPATIENT          | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| HOSP OUTPATIENT TOTAL        | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| MEDICAL                      | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| SURGERY                      | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| PATHOLOGY                    | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| RADIOLOGY                    | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ROOM USE                     | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| CROSSOVERS/ALL OTH OUTPTNT   | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| @COUNTY HOSPITAL TOTAL       | 0   | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00      |
| CO HOSPITAL INPATIENT TOTAL  | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| HSC HOSPITALS                | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| NON-HSC HOSPITALS TOTAL      | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ACCOMMODATIONS               | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ADMINISTRATIVE DAYS          | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| TRANSITIONAL IP CARE         | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ALL OTHER ACCOM              | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ANCILLARIES                  | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| INPATIENT CROSSOVERS         | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ALL OTHER INPATIENT          | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| CO HOSP OUTPATIENT TOTAL     | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| MEDICAL                      | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| SURGERY                      | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| PATHOLOGY                    | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| RADIOLOGY                    | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| ROOM USE                     | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| CROSSOVERS/ALL OTH OUTPTNT   | 0   | 0 |    | .00 |    | .00 | .000 |    | .00 |    | .00      |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |   |    |     |    |     |      |    |     |    | PAGE 903 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |   |    |     |    |     |      |    |     |    | 01/17/03 |
| AMADOR COUNTY                | SUMMARY OF SERVICES FOR 74 FOR FUTURE USE   |   |    |     |    |     |      |    |     |    |          |

|                           |       |                                     |              |                              |                        | ----- MONTHLY AVERAGE ----- |                      |  |  |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|--|--|
| 00 ELIGIBLES              | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER            | COST PER<br>ELIGIBLE |  |  |
| @COMMUNITY HOSPITAL TOTAL | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00                      | \$ .00               |  |  |



|                              |   |   |     |     |      |     |     |
|------------------------------|---|---|-----|-----|------|-----|-----|
| COMM HOSP INPATIENT TOTAL    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS                | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL      | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS               | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS          | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE         | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM              | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS         | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT          | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL                      | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY                      | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE                     | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL              | 0 | 0 | \$  | \$  | .000 | \$  | \$  |
| MENTALLY ILL                 | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED            | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY            | 0 | 0 | \$  | \$  | .000 | \$  | \$  |
| LEV A-INTERMEDIATE           | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD               | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE   | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR                | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$  | \$  | .000 | \$  | \$  |
| ICF DDH                      | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD                       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN                 | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL          | 0 | 0 | \$  | \$  | .000 | \$  | \$  |
| HOSPITAL BASED               | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER          | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY     | 0 | 0 | \$  | \$  | .000 | \$  | \$  |
| HOSPITAL BASED               | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY         | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY         | 0 | 0 | \$  | \$  | .000 | \$  | \$  |
| PATHOLOGY                    | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS                | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$  | \$  | .000 | \$  | \$  |
| CLINIC                       | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER                  | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC          | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC          | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 904

01/17/03

| 00 ELIGIBLES           | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS   | 0     | 0                                   | \$ .00       | \$ .00                       | .000                                      | \$ .00           | \$ .00               |
| DURABLE MED. EQUIP.    | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| BLOOD BANK             | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| HEARING AID DISPENSERS | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |
| MEDICAL TRANSPORTATION | 0     | 0                                   | .00          | .00                          | .000                                      | .00              | .00                  |

|                               |   |   |        |        |      |        |        |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| AMBULANCES/AIR TRANS          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OTHER TRANS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OTHER SERVICES                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ACUPUNCTURE                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ADULT DAY HEALTH CARE CTR     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| GENETIC DISEASE TESTING       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OCCUPATIONAL THERAPIST        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| OPTICIAN                      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PHYSICAL THERAPIST            | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PORTABLE X-RAY                | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETIST/ORTHOTISTS        | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PROSTHETICS                   | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ORTHOTICS                     | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PSYCHOLOGIST                  | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| SPEECH AND AUDIOLOGY          | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| HOSPICE SERVICES              | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| NONINST BIRTHING CENTERS      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| LOCAL EDUCATION AGENCIES      | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| EPSDT SUPPLEMENTAL SERVICE    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| RESPIRATORY CARE PRACT.       | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| PED SUBACUTE REHAB/WEANING    | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER PROVIDERS           | 0 | 0 | .00    | .00    | .000 | .00    | .00    |
| @CALIF. CHILDREN SERVICES*    | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|                            |   |              |
|----------------------------|---|--------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 | PAGE 905     |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 01/17/03     |
| AMADOR COUNTY              | SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC  | AID CODES 6N |

| 38 ELIGIBLES               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | ----- MONTHLY AVERAGE ----- |                  |                      |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
|                            |       |                                     |              |                              | UNITS/DAYS<br>PER ELIG      | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 15    | 56                                  | \$ 4,545.90  | \$ 81.18                     | 1.474                       | \$ 303.06        | \$ 119.63            |
| @PHYSICIANS SERVICES       | 6     | 9                                   | \$ 2,169.59  | \$ 241.07                    | .237                        | \$ 361.60        | \$ 57.09             |
| OUTPATIENT VISITS          | 4     | 5                                   | 234.32       | 46.86                        | .132                        | 58.58            | 6.17                 |
| OFFICE VISITS              | 1     | 1                                   | 52.39        | 52.39                        | .026                        | 52.39            | 1.38                 |
| HOME VISITS                | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| EMERGENCY ROOM             | 3     | 4                                   | 181.93       | 45.48                        | .105                        | 60.64            | 4.79                 |
| PREVENTIVE CARE            | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OTHER OUTPATIENT           | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT VISITS           | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| HOSPITAL VISITS            | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| CRITICAL CARE              | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SNF/ICF/TRANS IP CARE      | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| EXAMINATIONS               | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| SERVICES AND MATERIALS     | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| INPATIENT HOSPITAL SURGERY | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| PRINCIPAL SURGEON          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ASSISTANT SURGEON          | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| ANESTHESIOLOGIST           | 0     | 0                                   | .00          | .00                          | .000                        | .00              | .00                  |
| OUTPATIENT SURGERY         | 1     | 1                                   | 53.52        | 53.52                        | .026                        | 53.52            | 1.41                 |
| PRINCIPAL SURGEON          | 1     | 1                                   | 53.52        | 53.52                        | .026                        | 53.52            | 1.41                 |

|                            |    |    |    |          |          |      |           |          |
|----------------------------|----|----|----|----------|----------|------|-----------|----------|
| ASSISTANT SURGEON          | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| ANESTHESIOLOGIST           | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| DIALYSIS                   | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| PATHOLOGY                  | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| RADIOLOGY                  | 2  | 3  |    | 1,881.75 | 627.25   | .079 | 940.88    | 49.52    |
| PSYCHIATRY                 | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| IMMUNIZATION AND INJECTION | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| OTHER SERVICES/ALL X-OVERS | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| @PHARMACY                  | 12 | 26 | \$ | 1,595.06 | \$ 61.35 | .684 | \$ 132.92 | \$ 41.98 |
| PRESCRIPTION DRUGS         | 12 | 25 |    | 1,584.32 | 63.37    | .658 | 132.03    | 41.69    |
| SNF/ICF                    | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| OUTPATIENTS                | 12 | 25 |    | 1,584.32 | 63.37    | .658 | 132.03    | 41.69    |
| MEDICAL SUPPLIES           | 1  | 1  |    | 10.74    | 10.74    | .026 | 10.74     | .28      |
| @DENTIST                   | 0  | 0  | \$ | .00      | \$ .00   | .000 | \$ .00    | \$ .00   |
| VISITS - DIAGNOSTIC        | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| ORAL SURGERY               | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| DRUGS                      | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| ANESTHESIA                 | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| PERIODONTICS               | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| ENDODONTICS                | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| RESTORATIVE DENTISTRY      | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| PROSTHETICS                | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| DENTURES, STAYPLATES       | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| SPACE MAINTAINERS          | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| MAXILLOFACIAL SERVICES     | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| FRACTURES, DISLOCATIONS    | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| ORTHODONTIC SERVICES       | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |
| ALL OTHER SERVICES         | 0  | 0  |    | .00      | .00      | .000 | .00       | .00      |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      906  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR    75 SSI APPEAL/NLDC      AID CODES 6N

| 38 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE -----  |                        |                  |                      |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|                              |       |                                     |              | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @OPTOMETRIST                 | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| EYE APPLIANCES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @CHIROPRACTOR                | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| VISITS                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER SERVICES               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @PODIATRIST                  | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MEDICINE/INJECTIONS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGERY/ANES.                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RADIO./PATHOLOGY             | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| OTHER                        | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HOME HEALTH AGENCY          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| NURSE ANESTHESIST            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NURSE MIDWIFE                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| FAMILY NURSE PRACTITIONER    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @TOTAL HOSPITAL              | 3     | 14                                  | \$ 295.24    | \$ 21.09                     | .368                   | \$ 98.41         | \$ 7.77              |
| HOSP INPATIENT TOTAL         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |

|                             |   |    |        |        |      |        |        |
|-----------------------------|---|----|--------|--------|------|--------|--------|
| ADMINISTRATIVE DAYS         | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| TRANSITIONAL IP CARE        | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER ACCOM             | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| ANCILLARIES                 | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| INPATIENT CROSSOVERS        | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER INPATIENT         | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| HOSP OUTPATIENT TOTAL       | 3 | 14 | 295.24 | 21.09  | .368 | 98.41  | 7.77   |
| MEDICAL                     | 2 | 5  | 64.09  | 12.82  | .132 | 32.05  | 1.69   |
| SURGERY                     | 1 | 1  | 8.12   | 8.12   | .026 | 8.12   | .21    |
| PATHOLOGY                   | 1 | 1  | 12.46  | 12.46  | .026 | 12.46  | .33    |
| RADIOLOGY                   | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                    | 3 | 4  | 187.24 | 46.81  | .105 | 62.41  | 4.93   |
| CROSSOVERS/ALL OTH OUTPTNT  | 3 | 3  | 23.33  | 7.78   | .079 | 7.78   | .61    |
| @COUNTY HOSPITAL TOTAL      | 0 | 0  | \$ .00 | \$ .00 | .000 | \$ .00 | \$ .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| HSC HOSPITALS               | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| NON-HSC HOSPITALS TOTAL     | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| ACCOMMODATIONS              | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| ADMINISTRATIVE DAYS         | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| TRANSITIONAL IP CARE        | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER ACCOM             | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| ANCILLARIES                 | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| INPATIENT CROSSOVERS        | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| ALL OTHER INPATIENT         | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| CO HOSP OUTPATIENT TOTAL    | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| MEDICAL                     | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| SURGERY                     | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| PATHOLOGY                   | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| RADIOLOGY                   | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| ROOM USE                    | 0 | 0  | .00    | .00    | .000 | .00    | .00    |
| CROSSOVERS/ALL OTH OUTPTNT  | 0 | 0  | .00    | .00    | .000 | .00    | .00    |

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      907

MOP024  
AMADOR COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

01/17/03

| 38 ELIGIBLES                 | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL    | 3     | 14                                  | \$ 295.24    | \$ 21.09                     | .368                   | \$ 98.41         | \$ 7.77              |
| COMM HOSP INPATIENT TOTAL    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HSC HOSPITALS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| NON-HSC HOSPITALS TOTAL      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ACCOMMODATIONS               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ADMINISTRATIVE DAYS          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| TRANSITIONAL IP CARE         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER ACCOM              | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ANCILLARIES                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INPATIENT CROSSOVERS         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ALL OTHER INPATIENT          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| COMM HOSP OUTPATIENT TOTAL   | 3     | 14                                  | 295.24       | 21.09                        | .368                   | 98.41            | 7.77                 |
| MEDICAL                      | 2     | 5                                   | 64.09        | 12.82                        | .132                   | 32.05            | 1.69                 |
| SURGERY                      | 1     | 1                                   | 8.12         | 8.12                         | .026                   | 8.12             | .21                  |
| PATHOLOGY                    | 1     | 1                                   | 12.46        | 12.46                        | .026                   | 12.46            | .33                  |
| RADIOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ROOM USE                     | 3     | 4                                   | 187.24       | 46.81                        | .105                   | 62.41            | 4.93                 |
| CROSSOVERS/ALL OTH OUTPTNT   | 3     | 3                                   | 23.33        | 7.78                         | .079                   | 7.78             | .61                  |
| @STATE HOSPITAL              | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| MENTALLY ILL                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| DEVELOP. DISABLED            | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @NURSING FACILITY            | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| LEV A-INTERMEDIATE           | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REHAB MD               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-SUBACUTE HSPTL BASED   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| LEV B-REGULAR                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| ICF DDH                      | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DD                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| ICF DDN/DDCN                 | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @HEMODIALYSIS TOTAL          | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEMODIALYSIS CENTER          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @REHABILITATION FACILITY     | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| HOSPITAL BASED               | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| INDEPENDENT FACILITY         | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @LABORATORY FACILITY         | 0     | 0                                   | \$ .00       | \$ .00                       | .000                   | \$ .00           | \$ .00               |
| PATHOLOGY                    | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| XO AND OTHERS                | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| @ORGANIZED OUTPATIENT CLINIC | 5     | 7                                   | \$ 486.01    | \$ 69.43                     | .184                   | \$ 97.20         | \$ 12.79             |
| CLINIC                       | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| SURGICENTER                  | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| HEROIN DETOX CLINIC          | 0     | 0                                   | .00          | .00                          | .000                   | .00              | .00                  |
| RURAL HEALTH CLINIC          | 5     | 7                                   | 486.01       | 69.43                        | .184                   | 97.20            | 12.79                |

#CALIF DEPT OF HEALTH SERV  
MOP024  
AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

PAGE 908  
01/17/03

| 38 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|--------------|-------|------------------|--------------|--------------|------------|----------|----------|
|--------------|-------|------------------|--------------|--------------|------------|----------|----------|

|                               | OR DAYS OF CARE |             | PER UNIT/DAY | PER ELIG | USER      | ELIGIBLE |
|-------------------------------|-----------------|-------------|--------------|----------|-----------|----------|
| @ALL OTHER PROVIDERS          | 0               | \$ .00      | \$ .00       | .000     | \$ .00    | \$ .00   |
| DURABLE MED. EQUIP.           | 0               | .00         | .00          | .000     | .00       | .00      |
| BLOOD BANK                    | 0               | .00         | .00          | .000     | .00       | .00      |
| HEARING AID DISPENSERS        | 0               | .00         | .00          | .000     | .00       | .00      |
| MEDICAL TRANSPORTATION        | 0               | .00         | .00          | .000     | .00       | .00      |
| AMBULANCES/AIR TRANS          | 0               | .00         | .00          | .000     | .00       | .00      |
| OTHER TRANS                   | 0               | .00         | .00          | .000     | .00       | .00      |
| OTHER SERVICES                | 0               | .00         | .00          | .000     | .00       | .00      |
| ACUPUNCTURE                   | 0               | .00         | .00          | .000     | .00       | .00      |
| ADULT DAY HEALTH CARE CTR     | 0               | .00         | .00          | .000     | .00       | .00      |
| GENETIC DISEASE TESTING       | 0               | .00         | .00          | .000     | .00       | .00      |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 0               | .00         | .00          | .000     | .00       | .00      |
| OCCUPATIONAL THERAPIST        | 0               | .00         | .00          | .000     | .00       | .00      |
| OPTICIAN                      | 0               | .00         | .00          | .000     | .00       | .00      |
| PHYSICAL THERAPIST            | 0               | .00         | .00          | .000     | .00       | .00      |
| PORTABLE X-RAY                | 0               | .00         | .00          | .000     | .00       | .00      |
| PROSTHETIST/ORTHOTISTS        | 0               | .00         | .00          | .000     | .00       | .00      |
| PROSTHETICS                   | 0               | .00         | .00          | .000     | .00       | .00      |
| ORTHOTICS                     | 0               | .00         | .00          | .000     | .00       | .00      |
| PSYCHOLOGIST                  | 0               | .00         | .00          | .000     | .00       | .00      |
| SPEECH AND AUDIOLOGY          | 0               | .00         | .00          | .000     | .00       | .00      |
| HOSPICE SERVICES              | 0               | .00         | .00          | .000     | .00       | .00      |
| NONINST BIRTHING CENTERS      | 0               | .00         | .00          | .000     | .00       | .00      |
| LOCAL EDUCATION AGENCIES      | 0               | .00         | .00          | .000     | .00       | .00      |
| EPSDT SUPPLEMENTAL SERVICE    | 0               | .00         | .00          | .000     | .00       | .00      |
| RESPIRATORY CARE PRACT.       | 0               | .00         | .00          | .000     | .00       | .00      |
| PED SUBACUTE REHAB/WEANING    | 0               | .00         | .00          | .000     | .00       | .00      |
| ALL OTHER PROVIDERS           | 0               | .00         | .00          | .000     | .00       | .00      |
| @CALIF. CHILDREN SERVICES*    | 4               | \$ 2,159.12 | \$ 269.89    | .211     | \$ 539.78 | \$ 56.82 |
| @XOVER EXCLUDING STATE HOSP** | 0               | \$ .00      | \$ .00       | .000     | \$ .00    | \$ .00   |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE      909  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
AMADOR COUNTY      SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

| 34,823 ELIGIBLES          | USERS  | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES     | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------------------|--------|-------------------------------------|------------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS     | 21,129 | 321,858                             | \$ 12,154,112.34 | \$ 37.76                     | 9.243                                  | \$ 575.23        | \$ 349.03            |
| @PHYSICIANS SERVICES      | 6,013  | 19,555                              | \$ 670,916.74    | \$ 34.31                     | .562                                   | \$ 111.58        | \$ 19.27             |
| OUTPATIENT VISITS         | 3,078  | 4,390                               | 162,963.15       | 37.12                        | .126                                   | 52.94            | 4.68                 |
| OFFICE VISITS             | 2,532  | 3,357                               | 109,694.90       | 32.68                        | .096                                   | 43.32            | 3.15                 |
| HOME VISITS               | 7      | 7                                   | 309.30           | 44.19                        | .000                                   | 44.19            | .01                  |
| EMERGENCY ROOM            | 210    | 247                                 | 12,236.02        | 49.54                        | .007                                   | 58.27            | .35                  |
| PREVENTIVE CARE           | 5      | 5                                   | 225.71           | 45.14                        | .000                                   | 45.14            | .01                  |
| OB VISITS/COMPRI PERI     | 296    | 606                                 | 36,169.98        | 59.69                        | .017                                   | 122.20           | 1.04                 |
| OTHER OUTPATIENT          | 143    | 168                                 | 4,327.24         | 25.76                        | .005                                   | 30.26            | .12                  |
| INPATIENT VISITS          | 316    | 1,054                               | 70,340.82        | 66.74                        | .030                                   | 222.60           | 2.02                 |
| HOSPITAL VISITS           | 274    | 710                                 | 32,835.30        | 46.25                        | .020                                   | 119.84           | .94                  |
| CRITICAL CARE             | 37     | 306                                 | 36,464.11        | 119.16                       | .009                                   | 985.52           | 1.05                 |
| SNF/ICF/TRANS IP CARE     | 25     | 38                                  | 1,041.41         | 27.41                        | .001                                   | 41.66            | .03                  |
| OPHTHALMOLOGICAL SERVICES | 17     | 20                                  | 931.36           | 46.57                        | .001                                   | 54.79            | .03                  |
| EXAMINATIONS              | 17     | 20                                  | 931.36           | 46.57                        | .001                                   | 54.79            | .03                  |
| SERVICES AND MATERIALS    | 0      | 0                                   | .00              | .00                          | .000                                   | .00              | .00                  |

|                            |        |        |    |              |    |        |       |           |          |
|----------------------------|--------|--------|----|--------------|----|--------|-------|-----------|----------|
| INPATIENT HOSPITAL SURGERY | 311    | 3,091  |    | 140,107.51   |    | 45.33  | .089  | 450.51    | 4.02     |
| PRINCIPAL SURGEON          | 179    | 209    |    | 105,451.83   |    | 504.55 | .006  | 589.12    | 3.03     |
| ASSISTANT SURGEON          | 38     | 40     |    | 6,532.89     |    | 163.32 | .001  | 171.92    | .19      |
| ANESTHESIOLOGIST           | 144    | 2,842  |    | 28,122.79    |    | 9.90   | .082  | 195.30    | .81      |
| OUTPATIENT SURGERY         | 529    | 1,567  |    | 100,216.51   |    | 63.95  | .045  | 189.45    | 2.88     |
| PRINCIPAL SURGEON          | 417    | 533    |    | 77,006.81    |    | 144.48 | .015  | 184.67    | 2.21     |
| ASSISTANT SURGEON          | 2      | 2      |    | 332.72       |    | 166.36 | .000  | 166.36    | .01      |
| ANESTHESIOLOGIST           | 175    | 1,032  |    | 22,876.98    |    | 22.17  | .030  | 130.73    | .66      |
| DIALYSIS                   | 12     | 22     |    | 2,658.26     |    | 120.83 | .001  | 221.52    | .08      |
| PATHOLOGY                  | 495    | 858    |    | 14,602.39    |    | 17.02  | .025  | 29.50     | .42      |
| RADIOLOGY                  | 1,428  | 2,254  |    | 65,170.08    |    | 28.91  | .065  | 45.64     | 1.87     |
| PSYCHIATRY                 | 4      | 4      |    | 164.83       |    | 41.21  | .000  | 41.21     | .00      |
| IMMUNIZATION AND INJECTION | 145    | 371    |    | 10,377.02    |    | 27.97  | .011  | 71.57     | .30      |
| OTHER SERVICES/ALL X-OVERS | 1,778  | 5,924  |    | 103,384.81   |    | 17.45  | .170  | 58.15     | 2.97     |
| @PHARMACY                  | 13,696 | 81,393 | \$ | 3,459,871.52 | \$ | 42.51  | 2.337 | \$ 252.62 | \$ 99.36 |
| PRESCRIPTION DRUGS         | 13,588 | 48,754 |    | 3,392,905.08 |    | 69.59  | 1.400 | 249.70    | 97.43    |
| SNF/ICF                    | 1,051  | 6,861  |    | 375,296.95   |    | 54.70  | .197  | 357.09    | 10.78    |
| OUTPATIENTS                | 12,554 | 41,893 |    | 3,017,608.13 |    | 72.03  | 1.203 | 240.37    | 86.66    |
| MEDICAL SUPPLIES           | 641    | 32,639 |    | 66,966.44    |    | 2.05   | .937  | 104.47    | 1.92     |
| @DENTIST                   | 1,530  | 7,174  | \$ | 326,415.74   | \$ | 45.50  | .206  | \$ 213.34 | \$ 9.37  |
| VISITS - DIAGNOSTIC        | 1,004  | 4,108  |    | 63,241.75    |    | 15.39  | .118  | 62.99     | 1.82     |
| ORAL SURGERY               | 199    | 648    |    | 38,924.60    |    | 60.07  | .019  | 195.60    | 1.12     |
| DRUGS                      | 21     | 24     |    | 295.00       |    | 12.29  | .001  | 14.05     | .01      |
| ANESTHESIA                 | 18     | 18     |    | 1,880.00     |    | 104.44 | .001  | 104.44    | .05      |
| PERIODONTICS               | 57     | 63     |    | 9,885.00     |    | 156.90 | .002  | 173.42    | .28      |
| ENDODONTICS                | 142    | 264    |    | 41,085.00    |    | 155.63 | .008  | 289.33    | 1.18     |
| RESTORATIVE DENTISTRY      | 508    | 1,687  |    | 119,236.00   |    | 70.68  | .048  | 234.72    | 3.42     |
| PROSTHETICS                | 3      | 3      |    | 90.00        |    | 30.00  | .000  | 30.00     | .00      |
| DENTURES, STAYPLATES       | 118    | 271    |    | 43,101.00    |    | 159.04 | .008  | 365.26    | 1.24     |
| SPACE MAINTAINERS          | 7      | 9      |    | 1,026.00     |    | 114.00 | .000  | 146.57    | .03      |
| MAXILLOFACIAL SERVICES     | 10     | 11     |    | 1,196.39     |    | 108.76 | .000  | 119.64    | .03      |
| FRACTURES, DISLOCATIONS    | 0      | 0      |    | .00          |    | .00    | .000  | .00       | .00      |
| ORTHODONTIC SERVICES       | 36     | 54     |    | 6,205.00     |    | 114.91 | .002  | 172.36    | .18      |
| ALL OTHER SERVICES         | 11     | 14     |    | 250.00       |    | 17.86  | .000  | 22.73     | .01      |

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

PAGE 910  
01/17/03

|                              | 34,823 ELIGIBLES | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|------------------------------|------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST                 | 689              | 1,626 | \$                                  | 38,435.38    | \$ 23.64                     | .047                   | \$ 55.78         | \$ 1.10              |
| DIAGNOSTIC AND ANC. PROCED   | 417              | 417   |                                     | 15,945.84    | 38.24                        | .012                   | 38.24            | .46                  |
| EYE APPLIANCES               | 394              | 1,086 |                                     | 19,521.24    | 17.98                        | .031                   | 49.55            | .56                  |
| OTHER OPTOMETRIC SERVICES    | 107              | 123   |                                     | 2,968.30     | 24.13                        | .004                   | 27.74            | .09                  |
| @CHIROPRACTOR                | 59               | 88    | \$                                  | 1,374.26     | \$ 15.62                     | .003                   | \$ 23.29         | \$ .04               |
| VISITS                       | 50               | 73    |                                     | 1,149.50     | 15.75                        | .002                   | 22.99            | .03                  |
| OTHER SERVICES               | 9                | 15    |                                     | 224.76       | 14.98                        | .000                   | 24.97            | .01                  |
| @PODIATRIST                  | 313              | 366   | \$                                  | 5,379.38     | \$ 14.70                     | .011                   | \$ 17.19         | \$ .15               |
| MEDICINE/INJECTIONS          | 38               | 42    |                                     | 1,515.40     | 36.08                        | .001                   | 39.88            | .04                  |
| SURGERY/ANES.                | 8                | 14    |                                     | 312.12       | 22.29                        | .000                   | 39.02            | .01                  |
| RADIO./PATHOLOGY             | 4                | 5     |                                     | 86.50        | 17.30                        | .000                   | 21.63            | .00                  |
| OTHER                        | 268              | 305   |                                     | 3,465.36     | 11.36                        | .009                   | 12.93            | .10                  |
| @HOME HEALTH AGENCY          | 44               | 1,170 | \$                                  | 39,364.94    | \$ 33.65                     | .034                   | \$ 894.66        | \$ 1.13              |
| NURSE ANESTHESIST            | 8                | 75    | \$                                  | 226.61       | \$ 3.02                      | .002                   | \$ 28.33         | \$ .01               |
| NURSE MIDWIFE                | 3                | 18    | \$                                  | 596.75       | \$ 33.15                     | .001                   | \$ 198.92        | \$ .02               |
| PEDIATRIC NURSE PRACTITIONER | 2                | 2     | \$                                  | 41.20        | \$ 20.60                     | .000                   | \$ 20.60         | \$ .00               |

|                             |   |        |    |              |    |         |      |    |         |    |       |          |
|-----------------------------|---|--------|----|--------------|----|---------|------|----|---------|----|-------|----------|
| FAMILY NURSE PRACTITIONER   | 1   | 1      | \$ | 75.17        | \$ | 75.17   | .000 | \$ | 75.17   | \$ | .00   |          |
| @TOTAL HOSPITAL             | 5,262   | 24,788 | \$ | 2,476,071.61 | \$ | 99.89   | .712 | \$ | 470.56  | \$ | 71.10 |          |
| HOSP INPATIENT TOTAL        | 380   | 1,790  |    | 1,793,240.22 |    | 1001.81 | .051 |    | 4719.05 |    | 51.50 |          |
| HSC HOSPITALS               | 99  | 628    |    | 728,884.14   |    | 1160.64 | .018 |    | 7362.47 |    | 20.93 |          |
| NON-HSC HOSPITAL TOTAL      | 193   | 730    |    | 996,499.59   |    | 1365.07 | .021 |    | 5163.21 |    | 28.62 |          |
| ACCOMMODATIONS              | 191   | 730    |    | 321,173.08   |    | 439.96  | .021 |    | 1681.53 |    | 9.22  |          |
| ADMINISTRATIVE DAYS         | 0   | 0      |    | 6.69         |    | .00     | .000 |    | .00     |    | .00   |          |
| TRANSITIONAL IP CARE        | 0   | 0      |    | 503.14       |    | .00     | .000 |    | .00     |    | .01   |          |
| ALL OTHER ACCOM             | 191   | 730    |    | 320,663.25   |    | 439.26  | .021 |    | 1678.87 |    | 9.21  |          |
| ANCILLARIES                 | 193   | 0      |    | 675,326.51   |    | .00     | .000 |    | 3499.10 |    | 19.39 |          |
| INPATIENT CROSSOVERS        | 92  | 432    |    | 67,856.23    |    | 157.07  | .012 |    | 737.57  |    | 1.95  |          |
| ALL OTHER INPATIENT         | 0   | 0      |    | .26          |    | .00     | .000 |    | .00     |    | .00   |          |
| HOSP OUTPATIENT TOTAL       | 5,031   | 22,998 |    | 682,831.39   |    | 29.69   | .660 |    | 135.72  |    | 19.61 |          |
| MEDICAL                     | 2,335   | 3,102  |    | 157,774.12   |    | 50.86   | .089 |    | 67.57   |    | 4.53  |          |
| SURGERY                     | 212   | 216    |    | 14,573.74    |    | 67.47   | .006 |    | 68.74   |    | .42   |          |
| PATHOLOGY                   | 2,069   | 8,611  |    | 104,815.73   |    | 12.17   | .247 |    | 50.66   |    | 3.01  |          |
| RADIOLOGY                   | 1,330   | 1,934  |    | 148,998.03   |    | 77.04   | .056 |    | 112.03  |    | 4.28  |          |
| ROOM USE                    | 2,706   | 3,687  |    | 159,360.34   |    | 43.22   | .106 |    | 58.89   |    | 4.58  |          |
| CROSSOVERS/ALL OTH OUTPTNT  | 1,512   | 5,448  |    | 97,309.43    |    | 17.86   | .156 |    | 64.36   |    | 2.79  |          |
| @COUNTY HOSPITAL TOTAL      | 63  | 294    | \$ | 31,615.56    | \$ | 107.54  | .008 | \$ | 501.83  | \$ | .91   |          |
| CO HOSPITAL INPATIENT TOTAL | 6   | 48     |    | 22,967.02    |    | 478.48  | .001 |    | 3827.84 |    | .66   |          |
| HSC HOSPITALS               | 4   | 21     |    | 21,343.02    |    | 1016.33 | .001 |    | 5335.76 |    | .61   |          |
| NON-HSC HOSPITALS TOTAL     | 0   | 0      |    | .00          |    | .00     | .000 |    | .00     |    | .00   |          |
| ACCOMMODATIONS              | 0   | 0      |    | .00          |    | .00     | .000 |    | .00     |    | .00   |          |
| ADMINISTRATIVE DAYS         | 0   | 0      |    | .00          |    | .00     | .000 |    | .00     |    | .00   |          |
| TRANSITIONAL IP CARE        | 0   | 0      |    | .00          |    | .00     | .000 |    | .00     |    | .00   |          |
| ALL OTHER ACCOM             | 0   | 0      |    | .00          |    | .00     | .000 |    | .00     |    | .00   |          |
| ANCILLARIES                 | 0   | 0      |    | .00          |    | .00     | .000 |    | .00     |    | .00   |          |
| INPATIENT CROSSOVERS        | 2   | 27     |    | 1,624.00     |    | 60.15   | .001 |    | 812.00  |    | .05   |          |
| ALL OTHER INPATIENT         | 0   | 0      |    | .00          |    | .00     | .000 |    | .00     |    | .00   |          |
| CO HOSP OUTPATIENT TOTAL    | 57  | 246    |    | 8,648.54     |    | 35.16   | .007 |    | 151.73  |    | .25   |          |
| MEDICAL                     | 23  | 33     |    | 2,061.30     |    | 62.46   | .001 |    | 89.62   |    | .06   |          |
| SURGERY                     | 5   | 4      |    | 305.18       |    | 76.30   | .000 |    | 61.04   |    | .01   |          |
| PATHOLOGY                   | 31  | 97     |    | 1,136.00     |    | 11.71   | .003 |    | 36.65   |    | .03   |          |
| RADIOLOGY                   | 21  | 28     |    | 1,862.12     |    | 66.50   | .001 |    | 88.67   |    | .05   |          |
| ROOM USE                    | 31  | 46     |    | 2,256.88     |    | 49.06   | .001 |    | 72.80   |    | .06   |          |
| CROSSOVERS/ALL OTH OUTPTNT  | 19  | 38     |    | 1,027.06     |    | 27.03   | .001 |    | 54.06   |    | .03   |          |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 |        |    |              |    |         |      |    |         |    | PAGE  | 911      |
| MOP024                      | FEE-FOR-SERVICE/DENTAL  |        |    |              |    |         |      |    |         |    |       | 01/17/03 |
| AMADOR COUNTY               | SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED  |        |    |              |    |         |      |    |         |    |       |          |

|                            |       |                                     |              |                              |                        | ----- MONTHLY AVERAGE ----- |                      |    |         |    |       |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|----|---------|----|-------|
| 34,823 ELIGIBLES           | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY | UNITS/DAYS<br>PER ELIG | COST PER<br>USER            | COST PER<br>ELIGIBLE |    |         |    |       |
| @COMMUNITY HOSPITAL TOTAL  | 5,218 | 24,494                              | \$           | 2,444,456.05                 | \$                     | 99.80                       | .703                 | \$ | 468.47  | \$ | 70.20 |
| COMM HOSP INPATIENT TOTAL  | 374   | 1,742                               |              | 1,770,273.20                 |                        | 1016.23                     | .050                 |    | 4733.35 |    | 50.84 |
| HSC HOSPITALS              | 95    | 607                                 |              | 707,541.12                   |                        | 1165.64                     | .017                 |    | 7447.80 |    | 20.32 |
| NON-HSC HOSPITALS TOTAL    | 193   | 730                                 |              | 996,499.59                   |                        | 1365.07                     | .021                 |    | 5163.21 |    | 28.62 |
| ACCOMMODATIONS             | 191   | 730                                 |              | 321,173.08                   |                        | 439.96                      | .021                 |    | 1681.53 |    | 9.22  |
| ADMINISTRATIVE DAYS        | 0     | 0                                   |              | 6.69                         |                        | .00                         | .000                 |    | .00     |    | .00   |
| TRANSITIONAL IP CARE       | 0     | 0                                   |              | 503.14                       |                        | .00                         | .000                 |    | .00     |    | .01   |
| ALL OTHER ACCOM            | 191   | 730                                 |              | 320,663.25                   |                        | 439.26                      | .021                 |    | 1678.87 |    | 9.21  |
| ANCILLARIES                | 193   | 0                                   |              | 675,326.51                   |                        | .00                         | .000                 |    | 3499.10 |    | 19.39 |
| INPATIENT CROSSOVERS       | 90    | 405                                 |              | 66,232.23                    |                        | 163.54                      | .012                 |    | 735.91  |    | 1.90  |
| ALL OTHER INPATIENT        | 0     | 0                                   |              | .26                          |                        | .00                         | .000                 |    | .00     |    | .00   |
| COMM HOSP OUTPATIENT TOTAL | 4,993 | 22,752                              |              | 674,182.85                   |                        | 29.63                       | .653                 |    | 135.03  |    | 19.36 |
| MEDICAL                    | 2,314 | 3,069                               |              | 155,712.82                   |                        | 50.74                       | .088                 |    | 67.29   |    | 4.47  |



|                              |       |        |    |              |    |        |       |            |           |
|------------------------------|-------|--------|----|--------------|----|--------|-------|------------|-----------|
| SURGERY                      | 207   | 212    |    | 14,268.56    |    | 67.30  | .006  | 68.93      | .41       |
| PATHOLOGY                    | 2,043 | 8,514  |    | 103,679.73   |    | 12.18  | .244  | 50.75      | 2.98      |
| RADIOLOGY                    | 1,315 | 1,906  |    | 147,135.91   |    | 77.20  | .055  | 111.89     | 4.23      |
| ROOM USE                     | 2,681 | 3,641  |    | 157,103.46   |    | 43.15  | .105  | 58.60      | 4.51      |
| CROSSOVERS/ALL OTH OUTPTNT   | 1,495 | 5,410  |    | 96,282.37    |    | 17.80  | .155  | 64.40      | 2.76      |
| @STATE HOSPITAL              | 0     | 0      | \$ | .00          | \$ | .00    | .000  | \$ .00     | \$ .00    |
| MENTALLY ILL                 | 0     | 0      |    | .00          |    | .00    | .000  | .00        | .00       |
| DEVELOP. DISABLED            | 0     | 0      |    | .00          |    | .00    | .000  | .00        | .00       |
| @NURSING FACILITY            | 1,178 | 37,630 | \$ | 3,846,819.00 | \$ | 102.23 | 1.081 | \$ 3265.55 | \$ 110.47 |
| LEV A-INTERMEDIATE           | 0     | 0      |    | .00          |    | .00    | .000  | .00        | .00       |
| LEV B-REHAB MD               | 0     | 0      |    | .00          |    | .00    | .000  | .00        | .00       |
| LEV B-SUBACUTE FREESTANDING  | 0     | 0      |    | .00          |    | .00    | .000  | .00        | .00       |
| LEV B-SUBACUTE HSPTL BASED   | 1     | 139    |    | 73,946.45    |    | 531.99 | .004  | 73946.45   | 2.12      |
| LEV B-TRANSITIONAL IP CARE   | 0     | 0      |    | .00          |    | .00    | .000  | .00        | .00       |
| LEV B-REGULAR                | 1,177 | 37,491 |    | 3,772,872.55 |    | 100.63 | 1.077 | 3205.50    | 108.34    |
| @INTERMEDIATE CARE FACIL.-DD | 0     | 0      | \$ | .00          | \$ | .00    | .000  | \$ .00     | \$ .00    |
| ICF DDH                      | 0     | 0      |    | .00          |    | .00    | .000  | .00        | .00       |
| ICF DD                       | 0     | 0      |    | .00          |    | .00    | .000  | .00        | .00       |
| ICF DDN/DDCN                 | 0     | 0      |    | .00          |    | .00    | .000  | .00        | .00       |
| @HEMODIALYSIS TOTAL          | 44    | 228    | \$ | 53,255.18    | \$ | 233.58 | .007  | \$ 1210.35 | \$ 1.53   |
| HOSPITAL BASED               | 11    | 153    |    | 30,954.32    |    | 202.32 | .004  | 2814.03    | .89       |
| HEMODIALYSIS CENTER          | 34    | 75     |    | 22,300.86    |    | 297.34 | .002  | 655.91     | .64       |
| @REHABILITATION FACILITY     | 10    | 50     | \$ | 1,158.48     | \$ | 23.17  | .001  | \$ 115.85  | \$ .03    |
| HOSPITAL BASED               | 9     | 48     |    | 1,137.28     |    | 23.69  | .001  | 126.36     | .03       |
| INDEPENDENT FACILITY         | 1     | 2      |    | 21.20        |    | 10.60  | .000  | 21.20      | .00       |
| @LABORATORY FACILITY         | 862   | 2,288  | \$ | 39,214.12    | \$ | 17.14  | .066  | \$ 45.49   | \$ 1.13   |
| PATHOLOGY                    | 832   | 2,249  |    | 38,538.49    |    | 17.14  | .065  | 46.32      | 1.11      |
| XO AND OTHERS                | 30    | 39     |    | 675.63       |    | 17.32  | .001  | 22.52      | .02       |
| @ORGANIZED OUTPATIENT CLINIC | 3,943 | 6,158  | \$ | 693,086.40   | \$ | 112.55 | .177  | \$ 175.78  | \$ 19.90  |
| CLINIC                       | 53    | 213    |    | 5,500.29     |    | 25.82  | .006  | 103.78     | .16       |
| SURGICENTER                  | 37    | 252    |    | 9,068.36     |    | 35.99  | .007  | 245.09     | .26       |
| HEROIN DETOX CLINIC          | 2     | 22     |    | 241.49       |    | 10.98  | .001  | 120.75     | .01       |

RURAL HEALTH CLINIC  
 #CALIF DEPT OF HEALTH SERV  
 MOP024  
 AMADOR COUNTY

3,861 5,671 678,276.26  
 MEDI-CAL SERVICES AND EXPENDITURES  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

119.60 .163 175.67 19.48  
 MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
 PAGE 912  
 01/17/03

|                               | USERS | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES  | AVERAGE COST<br>PER UNIT/DAY | MONTHLY AVERAGE<br>UNITS/DAYS<br>PER ELIG | COST PER<br>USER | COST PER<br>ELIGIBLE |
|-------------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| 34,823 ELIGIBLES              |       |                                     |               |                              |   |                  |                      |
| @ALL OTHER PROVIDERS          | 3,047 | 139,247                             | \$ 501,780.38 | \$ 3.60                      | 3.999                                     | \$ 164.68        | \$ 14.41             |
| DURABLE MED. EQUIP.           | 152   | 628                                 | 69,235.28     | 110.25                       | .018                                      | 455.50           | 1.99                 |
| BLOOD BANK                    | 1     | 20                                  | 306.00        | 15.30                        | .001                                      | 306.00           | .01                  |
| HEARING AID DISPENSERS        | 15    | 26                                  | 9,553.63      | 367.45                       | .001                                      | 636.91           | .27                  |
| MEDICAL TRANSPORTATION        | 433   | 19,148                              | 91,428.99     | 4.77                         | .550                                      | 211.15           | 2.63                 |
| AMBULANCES/AIR TRANS          | 198   | 3,885                               | 46,426.66     | 11.95                        | .112                                      | 234.48           | 1.33                 |
| OTHER TRANS                   | 53    | 11,759                              | 24,638.54     | 2.10                         | .338                                      | 464.88           | .71                  |
| OTHER SERVICES                | 199   | 3,504                               | 20,363.79     | 5.81                         | .101                                      | 102.33           | .58                  |
| ACUPUNCTURE                   | 11    | 46                                  | 789.36        | 17.16                        | .001                                      | 71.76            | .02                  |
| ADULT DAY HEALTH CARE CTR     | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| GENETIC DISEASE TESTING       | 83    | 84                                  | 6,686.00      | 79.60                        | .002                                      | 80.55            | .19                  |
| IHMC,MODEL-NF,NF,AIDS,MSSP    | 225   | 3,051                               | 126,341.46    | 41.41                        | .088                                      | 561.52           | 3.63                 |
| OCCUPATIONAL THERAPIST        | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| OPTICIAN                      | 391   | 856                                 | 8,879.73      | 10.37                        | .025                                      | 22.71            | .25                  |
| PHYSICAL THERAPIST            | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| PORTABLE X-RAY                | 1     | 2                                   | 59.36         | 29.68                        | .000                                      | 59.36            | .00                  |
| PROSTHETIST/ORTHOTISTS        | 45    | 94                                  | 16,745.44     | 178.14                       | .003                                      | 372.12           | .48                  |
| PROSTHETICS                   | 26    | 72                                  | 15,424.39     | 214.23                       | .002                                      | 593.25           | .44                  |
| ORTHOTICS                     | 21    | 22                                  | 1,321.05      | 60.05                        | .001                                      | 62.91            | .04                  |
| PSYCHOLOGIST                  | 9     | 18                                  | 601.62        | 33.42                        | .001                                      | 66.85            | .02                  |
| SPEECH AND AUDIOLOGY          | 32    | 103                                 | 6,173.24      | 59.93                        | .003                                      | 192.91           | .18                  |
| HOSPICE SERVICES              | 18    | 256                                 | 26,867.94     | 104.95                       | .007                                      | 1492.66          | .77                  |
| NONINST BIRTHING CENTERS      | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| LOCAL EDUCATION AGENCIES      | 1,080 | 9,825                               | 62,898.36     | 6.40                         | .282                                      | 58.24            | 1.81                 |
| EPSDT SUPPLEMENTAL SERVICE    | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| RESPIRATORY CARE PRACT.       | 1     | 1                                   | 29.48         | 29.48                        | .000                                      | 29.48            | .00                  |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                                   | .00           | .00                          | .000                                      | .00              | .00                  |
| ALL OTHER PROVIDERS           | 782   | 105,090                             | 75,213.97     | .72                          | 3.018                                     | 96.18            | 2.16                 |
| @CALIF. CHILDREN SERVICES*    | 184   | 4,885                               | \$ 427,065.21 | \$ 87.42                     | .140                                      | \$ 2321.01       | \$ 12.26             |
| @XOVER EXCLUDING STATE HOSP** | 2,228 | 24,414                              | \$ 315,368.85 | \$ 12.92                     | .701                                      | \$ 141.55        | \$ 9.06              |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.